
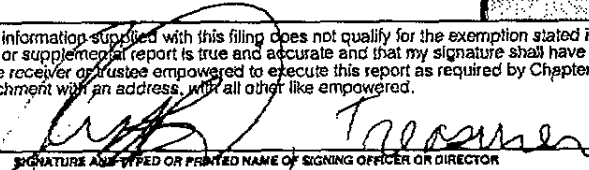


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005793</b>		
1. Entity Name PROFNET OF VERO BEACH, INC.		
Principal Place of Business 1766 20TH AVENUE VERO BEACH, FL 32960	Mailing Address 1766 20TH AVENUE VERO BEACH, FL 32960	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BEARD, RICHARD D 1766 20TH AVENUE VERO BEACH, FL 32960		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLITT, BOB JR 1717 INDIAN RIVER DRIVE, #302 VERO BEACH, FL 32960	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANOV, AMY 2855 OCEAN DRIVE, #C-6 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, DIANA 958 20TH PLACE VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, VICKI L 1676 20TH PLACE VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, MICHAEL 210 OLD DIXIE VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/8/04 Daytime Phone #: 772-770-3649



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3283760 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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01/13/04-80058-021 61.25