2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

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Entity Name: THE JAMES A. HALEY VETERANS RESEARCH AND EDUCATION FOUNDATION, INCORPORATED

Current Principal Place of Business:

13000 BRUCE B. DOWNS BLVD.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

13000 BRUCE B. DOWNS BLVD
SUITE 151
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3444354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOWLING, RUTH
10000 BAY PINES BLVD.
BAY PINES, FL 33744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SILVER, RICHARD A
Address: 13000 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: FARESE, ROBERT V
Address: 13000 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: BOWEN, THOMAS E
Address: 13000 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: ROOT, ALLAN W
Address: 801 6TH STREET, SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: RODRIGUEZ, ARIEL
Address: 13000 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition
Name: HUGHES, ROBERT
Address: 13000 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT V. FARESE, M.D. D 04/26/2004
Electronic Signature of Signing Officer or Director — Date