2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P00000009884

Entity Name: AHS MEDICAL RESEARCH, INC. - FLORIDA DIVISION

Current Principal Place of Business:

6101 WEBB ROAD
SUITE 202
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6101 WEBB ROAD
SUITE 202
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3619827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHUM, G. LARRY
6101 WEBB ROAD
SUITE 202
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOLEMI, GLEN
Address: 6101 WEBB ROAD, SUITE 202
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: THOMAS, IGNATIUS MD
Address: 200 DUTTON COURT
City-St-Zip: SLIDELL, LA 70461

Title: TD ( ) Delete
Name: WOODS, JOHN
Address: 6101 WEBB ROAD, SUITE 202
City-St-Zip: TAMPA, FL 33615

Title: SD ( ) Delete
Name: KHALED, YASSER
Address: 518 OAK VALLEY DRIVE
City-St-Zip: PEARL RIVER, LA 70452

Title: VD ( ) Delete
Name: MITCHUM, GRAHAM L
Address: 6101 WEBB ROAD, SUITE 202
City-St-Zip: TAMPA, FL 33615

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WOODS TD 04/29/2004

Electronic Signature of Signing Officer or Director — Date