2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# P00000037861

Entity Name: SLEEP MEDICINE ASSOCIATES, INC.

Current Principal Place of Business:

4130 SALISBURY ROAD
2600
JACKSONVILLE, FL 32216

New Principal Place of Business:

1100 SAWGRAQSS VILLAGE DRIVE
201K
PONTE VEDRA, FL 32082

Current Mailing Address:

7835 CHASE MEADOWS DR.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3603019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACHARY, MIKE
7835 CHASE MEADOWS DR.
JACKSONVILLE, FL 32256 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: P ( ) Delete
Name: ZACHARY, MIKE
Address: 1307 RIVER HILLS CIRCLE #6
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZACHARY, MIKE
Address: 7835 CHASE MEADOWS DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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: MIKE ZACHARY P 02/23/2004

Electronic Signature of Signing Officer or Director — Date