

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90010 012 \*\*\*150.00

<b>DOCUMENT # P00000061530</b> 1. Entity Name <b>VIVECOR, INC.</b>					
Principal Place of Business <b>300 CATHEDRAL OAKS VERO BCH, FL 32963</b>			Mailing Address <b>300 CATHEDRAL OAKS VERO BCH, FL 32963</b>		
2. Principal Place of Business <b>721 Periwinkle Circle #</b> Suite, Apt. #, etc.		3. Mailing Address <b>721 Periwinkle Circle</b> Suite, Apt. #, etc.			
City & State <b>Barefoot Bay FL</b>		City & State <b>Barefoot Bay FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32976</b>		Country <b>Brevard</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAGGS, MARY K 300 CATHEDRAL OAKS VERO BCH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>BAGGS, MARY KAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 Periwinkle Circle</b> City <b>Barefoot Bay</b> <b>FL</b> Zip Code <b>32976</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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAGGS, MARY K 300 CATHEDRAL OAKS VERO BCH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAGGS, MARY KAY 721 Periwinkle Circle Barefoot Bay FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: <b>Mary Kay Baggs</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/25/04</b> <b>712-559-9902</b> <small>Date Daytime Phone #</small>		