

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 APR 12 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000062919 1. Entity Name E.H.M., INC.			
Principal Place of Business 1316 WHITFIELD AVE SUITE #106 SARASOTA, FL 34243 US		Mailing Address 1316 WHITFIELD AVE SUITE #106 SARASOTA, FL 34243 US	
2. Principal Place of Business 1316 Whitfield Avenue Suite, Apt. #, etc. Suite 106 City & State Sarasota, Florida Zip 34243-1294		3. Mailing Address 1316 Whitfield Suite, Apt. #, etc. Suite 106 City & State Sarasota, Florida Zip 34243-1294	
4. FEI Number 65-1036558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGDON, ALLEN E PHD 125 FIRST AVENUE NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name Allen E. Langdon, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 125 First Avenue City Nokomis FL Zip Code 34275-4242	
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 <u><i>Allen E. Langdon, Ph.D.</i></u> April 2, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HOFFMAN, TIMOTHY H 7121 29TH ST E SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T Hoffman, Timothy H. 18570 Fort Smith Circle Port Charlotte, FL 33948-9611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, PAUL H 613 45TH ST E PALMETTO, FL 34221 <input checked="" 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: <u><i>Paul H. Hoffman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 2, 2004 (941) 953-7287 <small>Date Daytime Phone #</small>	