2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 08:00 AM Secretary of State

	ANTOALI	LI VIXI	, , <u>, , , , , , , , , , , , , , , , , </u>		14141 129		00.00° ¥
DOCUMENT # P00000065967 1. Entity Name CITRUS MOTILITY & INCONTINENCE SERVICES, INC.					Secr	etary of	f State
Principal Place 6683 TURNE INVERNESS,	R CAMP RD.	ailing Address P.O. BOX 56 NVERNESS, FL 34451	·		CONTRACTOR	i Marika Askal Alika inik	- N mairi indernoi al abor
DO NOT WRITE IN THIS SPA			CE	03062004 4. FEI Numbe 59-366		CR2E034 (1	
6. Name and Address of Current Registered Agent OSTERHOUT, REBECCA N 6683 TURNER CAMP RD. INVERNESS, FL 34450					NOT W		
	named entity submits this statement for the pions of registered agent. Signature, speed or printed name of registered agent and little		ed office or register		h, in the State of Flo	orida. I am familia	ar with, and accep
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 7 cust Fund Contribution				00 May Be ed to Fees	U0000 0 03/15/ 0 4-	089597 80099-001	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT POSTERHOUT, REBECCA P.O. BOX 56 INVERNESS, FL 344510056 CFO OSTERHOUT, GAIL M P.O. BOX 56	CTORS .					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	INVERNESS, FL 34451				NOT W		
STREET ADDRESS CITY-ST-ZIP TITLE		<u> </u>					. "

12. I hereby certify that the information supplied with this filling 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: Rober

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/04 352-637-1455