


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000075534 1. Entity Name ATKINSON'S HEALTHCARE, INC.	
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Principal Place of Business 1532 KINGSLEY AVE STE 103 ORANGE PARK, FL 32073	Mailing Address PO BOX 1644 ORANGE PARK, FL 32067-1644
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02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3664483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUYRES, WILLIAM J
2390 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055775 02/18/04-80017-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUYRES, WILLIAM J 2390 STOCKTON DRIVE GREEN COVE SPRINGS, FL 32043
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IN THIS SPACE**

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:  **William J. Muyres** **Feb 10, 2004** **(904) 269-8050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #