DOCUMENT # P01000013029       Secretary of State         Exercision Pointe Medical, INC.       Image of Databases       Mailing Address         This HART STREET       THS HART STREET       Image of Databases         ISHART STREET       THS HART STREET       Image of Databases         ISHART STREET       THS HART STREET       Image of Databases         INCOLLE, R. 32578       MODULE, R. 32578       Image of Databases         ISHART STREET       THS HART STREET       Image of Databases         ISHART STREET       THS HART STREET       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases       Image of Databases       Image of Databases         ISA TOTAL STREET       Image of Databases </th <th colspan="4">2005 FOR PROFIT CORPORATION ANNUAL REPORT</th> <th colspan="3">FILED Feb 15, 2005 08:00 AN</th>	2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Feb 15, 2005 08:00 AN		
115 HART STREET NEEVILLE, R. 32378       The HART STREET NEEVILLE, R. 32378         DO NOT WRITE IN THIS SPACE       20000000       No Chop.P       OREED34 (10/05)         0. Nome and Address of Carmel Registered Agent       C. CORPORATION 1200 SOUTH PINE ESLAND ROAD PLANTON, FL 333204       C. CORPORATION Registered Agent       C. CORPORATION Registered Agent         1. The Abbee names and Address of Carmel Registered Agent       OCT. House of Address of Carmel Registered Agent       C. CORPORATION Registered Agent A	1. Entity Nan	ne	<b>)29</b>			50	ecretary of State
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<ul> <li>NAME STREET ADDRESS CITY: ST-ZIP</li> <li>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 early, that I an an officer or director of the corporation or the exclusion or the executed this report as required by Chapter 607. Florida Statutes: and that my signature shall have the same legal effect as if made under early that I an an officer or director of the corporation or the exclusion or the executed this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if</li> </ul>	NAME STREET ADORESS CITY - ST - ZIP					HIS SF	ACE
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