

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90368 044 ***150.00

DOCUMENT # P01000017409

1. Entity Name
MBS HEALTH, INC.



Principal Place of Business
**9224 WENTWORHT LN
 PORT SAINT LUCIE, FL 34986-3286**

Mailing Address
**9224 WENTWORHT LN
 PORT SAINT LUCIE, FL 34986-3286**

2. Principal Place of Business
318 S University Drive

3. Mailing Address
318 S University Drive

Suite, Apt. #, etc.

City & State
Plantation, Florida

City & State
Plantation, Florida

Zip Country
33324



04032004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1083520

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERARD, DAN C
 9224 LANE
 PORT SAINT LUCIE, FL 34986-3286**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
318 South University Drive

City State Zip Code
Plantation FL 33324

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: *Dan C. Berard* X **4/15/2004**

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00.

9. Election Campaign Financing Trust Fund Contribution. **\$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	PST BERARD, DAN C 9224 WENWORTH LANE PORT SAINT LUCIE, FL 349863286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 318 South University Drive Plantation, Florida 33324
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
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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)(f), 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: *Dan C. Berard* Dan C. Berard X **4/15/2004** 954-452-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #