


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 WENTWORTH LN PORT SAINT LUCIE, FL 34986-3286			Mailing Address 9224 WENTWORTH LN PORT SAINT LUCIE, FL 34986-3286		
2. Principal Place of Business 318 S University Drive Suite, Apt. #, etc.		3. Mailing Address 318 S University Drive Suite, Apt. #, etc.			
City & State Plantation, Florida Zip Country 33324		City & State Plantation, Florida Zip Country 33324		4. FEI Number 65-1083520 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04032004 Chg-P CR2E034 (10/03)	
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: <u><i>Dan C. Berard</i></u> DATE: <u><i>4/15/2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.			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	PST BERARD, DAN C 9224 WENWORTH LANE PORT SAINT LUCIE, FL 349863286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	318 South University Drive Plantation, Florida 33324 <input checked="" 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	
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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: <u><i>Dan C. Berard</i></u> Dan C. Berard <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4/15/2004</i></u> 954-452-4600 <small>Date Daytime Phone #</small>		