2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P01000032118

Entity Name: JOHNSON EZELL HEALTH CARE MANAGEMENT, INC.

Current Principal Place of Business:

18167 U.S. HIGHWAY 19 NORTH
STE 660
CLEARWATER, FL 33764

New Principal Place of Business:

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

Current Mailing Address:

18167 U.S. HIGHWAY 19 NORTH
STE 660
CLEARWATER, FL 33764

New Mailing Address:

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

FEI Number: 59-3708391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EZELL, NEIL
18167 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33764

Name and Address of New Registered Agent:

EZELL, NEIL
18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

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.

SIGNATURE: 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EZELL, NEIL
Address: 18167 U.S HWY 19 NORTH , STE 660
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: JOHNSON, R. KELLEY
Address: 18167 U.S HWY 19 NORTH , STE 660
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL EZELL D 04/30/2004
Electronic Signature of Signing Officer or Director — Date