2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-02-2004 90054 024 ***150.00
FILE P01000070089

04 APR -7 AM 11:02

TALLAHASSEE, FLORIDA

04/02/04 01070 019 $900.00

MOORE CR2E034 (11/03) 03-04

DOCUMENT # P01000070089

1. Entity Name

HMS OF VERO, INC.

Principal Place of Business	Mailing Address
11420 US HWY 1 SEBASTIAN FL 32958	P.O. BOX 100602 PALM BAY FL 32910-0602
2. Principal Place of Business: 2030 Spring Place	3. Mailing Address: P.O. BOX 8041
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Bch, Fl	City & State: Vero Beach, FL.
Zip: 32963 Country: IND. River	Zip: 32963 Country: IND. River

4. FEI Number 65-1124895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FASSNACHT, TRACIE
431 NINA RD. NE
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 [signature] Tracie Fassnacht 3/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D	☐ Delete	TITLE	P, T, S, D	☑ Change ☐ Addition
NAME	FASSNACHT, TRACIE		NAME	Tracie Fassnacht	
STREET ADDRESS	431 NINA RD. NE		STREET ADDRESS	2030 Spring Place	
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP	Vero Bch, Fl 32963	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	4/7	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] - Tracie Fassnacht 3/29/04 (772) 234-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #