


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90018 047 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P01000101733</b>                     |  |
| 1. Entity Name<br><b>A PARTNER IN HEALTH, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>624-3 PONTE VEDRA BLVD<br/>PONTE VEDRA BEACH FL 32082</b> | Mailing Address<br><b>624-3 PONTE VEDRA BLVD<br/>PONTE VEDRA BEACH FL 32082</b> |
|---|---|

**54022381**



MOORE CR2E034 (11/03)

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>12645 ASH HARBOR DR.</b> | 3. Mailing Address<br><b>12645 ASH HARBOR DR.</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                               |


|  |  |
|--|--|
| City & State<br><b>JACKSONVILLE FL</b> | City & State<br><b>JACKSONVILLE FL</b> |
| Zip<br><b>32224</b>                    | Zip<br><b>32224</b>                    |
| Country<br><b>U.S.A.</b>               | Country<br><b>U.S.A.</b>               |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3751221</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BOSS, KIMBERLY A<br/>624-3 PONTE VEDRA BLVD<br/>PONTE VEDRA BEACH FL 32082</b> |  |
|--|--|

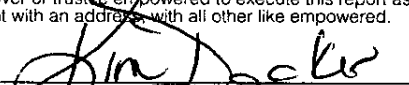
|   |                             |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent<br>Name <b>KIMBERLY B. DECKER</b>       |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>12645 ASH HARBOR DRIVE</b> |                             |
| City<br><b>JACKSONVILLE</b>   | Zip Code<br><b>FL 32224</b> |

|   |                     |
|---|---------------------|
| 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  <b>Kim Decker</b>   | DATE <b>3/22/04</b> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>BOSS, KIMBERLY A<br>624-3 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PSTD<br>DECKER, KIMBERLY B.<br>12645 ASH HARBOR DR.<br>JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(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:  <b>Kim Decker</b>  | Date <b>3/22/04</b> (904) 564-4039 |