2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P01000112144

Entity Name: CARE PROVIDER PROFESSIONALS OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 18341
TAMPA, FL 33679

New Principal Place of Business:

Current Mailing Address:

PO BOX 18341
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-3757707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREY, MICHAEL R
712 S. OREGON AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CAREY, MICHAEL R
712 SOUTH OREGON AVENUE
TAMPA, FL 33606 US

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: 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STANTON, JOHN
Address: PO BOX 18341
City-St-Zip: TAMPA, FL 33679

Title: P ( ) Delete
Name: WILLIAM, KELLY
Address: PO BOX 18341
City-St-Zip: TAMPA, FL 33679

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: JOHN STANTON D 04/29/2004
Electronic Signature of Signing Officer or Director — Date