

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046615

FILED  
Mar 23, 2004  
Secretary of State

Entity Name: ADAPTIVE HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

13648 NORTH MARSH HARBOR DR.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

13648 NORTH MARSH HARBOR DR.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 75-3052246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILCOX, RALEIGH M CPA  
13500 SUTTON PARK DRIVE SOUTH  
SUITE 703  
JACKSONVILLE, FL 32224

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P (X) Delete  
Name: STEFFEN, CRAIG E  
Address: 13648 NORTH MARSH HARBOR DR.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MD ( ) Delete  
Name: BOHOAN, LUCKY  
Address: 2455 SOUTH PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CSD ( ) Delete  
Name: BUTTERWORTH, MELISSA C  
Address: 13648 MARSH HARBOR DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: WHITAKER, CALVIN  
Address: 3656 OSABELLA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: BOHDAN, LUCKY  
Address: 2455 SOUTH PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CSTD (X) Change ( ) Addition  
Name: BUTTERWORTH, MELISSA C  
Address: 13648 MARSH HARBOR DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32225

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: MELISSA C BUTTERWORTH

CSTD

03/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date