

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059686

FILED
Jun 30, 2004
Secretary of State

Entity Name: REVOLUTION HEALTHCARE, INC.

Current Principal Place of Business:

2888 W LAKE MARY BLVD.
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

2888 W LAKE MARY BLVD.
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 01-0712613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., STE. 309
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MCNAMARA, THOMAS P
2701 N ROCKY POINT DR
SUITE 188
TAMPA, FL 33675 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:

06/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TORCHIA, PATRICK T
Address: 4044 W LAKE MARY BLVD. #309
City-St-Zip: LAKE MARY, FL 327462012

Title: D () Delete
Name: SEAN PARKER, THEODORE B
Address: 2215 GULF BLVD.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: SEAN PARKER, THEODORE B
Address: 4044 W LAKE MARY BLVD #309
City-St-Zip: LAKE MARY, FL 327462013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THEODORE B. PARKER

D

06/30/2004

Electronic Signature of Signing Officer or Director

Date