


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 20, 2004 08:00 AM**  
**Secretary of State**

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # P02000104427</b><br>1. Entity Name<br><b>EXCEPTIONAL PROVIDER SERVICES INC.</b>  |  |                     |   |    |  |
| Principal Place of Business<br><b>369 S.W. 7 TH COURT<br/>VERO BEACH FL 32962</b>  |  |                     | Mailing Address<br><b>369 S.W. 7 TH COURT<br/>VERO BEACH FL 32962</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State        |   |   |  |
| Zip  | Country  | Zip                 | Country   | 4. FEI Number <b>06-1649013</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |                     |   | 6. Name and Address of Current Registered Agent<br><br><b>BARTEE, DEBBIE<br/>369 S.W. 7 TH COURT<br/>VERO BEACH FL 32962</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)</small> |  |                     |   |   |  |
| <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 Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>BARTEE, DEBBIE<br>369 S.W. 7TH COURT<br>VERO BEACH FL 32962 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center;"> <b>U00000059317</b><br/> <b>02/20/04-80076-025 150.00</b> </div>                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>KELLY, SAMUEL<br>369 S.W. 7 TH COURT<br>VERO BEACH FL 32962 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
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MOORE CR2E034 (11/03)

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:** *Debbie Bartee (Debbie Bartee)* 2/17/04 772-559-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #