2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P02000107379

Entity Name: SOUTH SHORE HEALTH BENEFITS, INC.

Current Principal Place of Business:

7035 US HWY. 301 SOUTH
RIVERVIEW, FL 33569

New Principal Place of Business:

7039 US HWY. 301 SOUTH
RIVERVIEW, FL 33569

Current Mailing Address:

7035 US HWY. 301 SOUTH
RIVERVIEW, FL 33569

New Mailing Address:

7039 US HWY. 301 SOUTH
RIVERVIEW, FL 33569

FEI Number: 57-1135167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROTHEER, DEBORAH
7035 US HWY. 301 SOUTH
RIVERVIEW, FL 33569

Name and Address of New Registered Agent:

GROTHEER, DEBORAH
7039 US HWY. 301 SOUTH
RIVERVIEW, FL 33569

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: _____ 04/20/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARGER, KIMBERLY S
Address: 7035 US HWY. 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: DEMASK, CRAIG E
Address: 7035 US HWY. 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: T ( ) Delete
Name: GROTHEER, DEBORAH
Address: 7035 US HWY. 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARGER, KIMBERLY S
Address: 7039 US HWY. 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change ( ) Addition
Name: DEMASK, CRAIG E
Address: 7039 US HWY. 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: T (X) Change ( ) Addition
Name: GROTHEER, DEBORAH
Address: 7039 US HWY. 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

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: KIMBERLY BARGER D 04/20/2004
Electronic Signature of Signing Officer or Director — Date