

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128786

FILED
Apr 28, 2004
Secretary of State

Entity Name: ASHWORTH MEDICAL, P.A.

Current Principal Place of Business:

495 SOUTH NOVA ROAD
SUITE 107
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

495 SOUTH NOVA ROAD
SUITE 107
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 52-2388222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHWORTH, LANCE
328 BOYLSTON AVENUE
DAYTONA BEACH, FL 32118

Name and Address of New Registered Agent:

ASHWORTH, LANCE
495 SOUTH NOVA ROAD
SUITE 107
ORMOND BEACH, FL 32174

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: LANCE ASHWORTH

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASHWORTH, LANCE
Address: 328 BOYLSTON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ASHWORTH, LANCE
Address: 923 PENINSULA DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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: LANCE ASHWORTH

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date