## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 29, 2004 8:00 am Secretary of State **DOCUMENT # P02000133616** 01-29-2004 90032 046 \*\*\*150.00 1. Entity Name CERTIFIED MEDICAL SYSTEMS I, INC. Principal Place of Business Mailing Address 2141 LOCH RANE BLVD 2141 LOCH RANE BLVD SUITE 130 SUITE 130 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) Cho-P City & State City & State 4. FEI Number Applied For 22~3887747 Not Applicable Zio Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOB, DAVID A 2141 LOCH RANE BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 130** ORANGE PARK, FL 32073 Zip Code FL 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Vice President Delete X Addition TITLE TITLE Change NAME JACOB, DAVID A NAME Thomas Dorsey STREET ADDRESS 2141 LOCH RANE BLVD SUITE 130 STREET ADDRESS 6122 SW State R Ocala, FL 3447 Road 200 CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition JACOB, SANDRA K NAME NAME STREET ADDRESS 2141 LOCH RANE BLVD SUITE 130 STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 attac

David Jacob/President

G OFFICER OR DIRECTOR

1-26-04

FILED