

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90032 047 ***150.00

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01072004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000133624 1. Entity Name CERTIFIED MEDICAL SYSTEMS III, INC.					
Principal Place of Business 2141 LOCH RANE BLVD SUITE 130 ORANGE PARK, FL 32073			Mailing Address 2141 LOCH RANE BLVD SUITE 130 ORANGE PARK, FL 32073		
2. Principal Place of Business 296 State Road 312 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State		4. FEI Number 22-3887735	
Zip 32068		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOB, DAVID A 2141 LOCH RANE BLVD SUITE 130 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, DAVID A 2141 LOCH RANE BLVD SUITE 130 ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Dorsey 6122 SW State Road 200 Ocala, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, SANDRA K 2141 LOCH RANE BLVD SUITE 130 ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>David Jacob</i>			David Jacob/President 1/26/04 (904) 272-3022		