

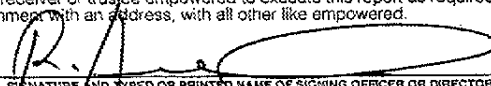


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000020978 1. Entity Name HIGHLANDS OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, P.A.																																			
Principal Place of Business 7200 SOUTH GEORGE BLVD. SEBRING, FL 33870 US			Mailing Address 7200 SOUTH GEORGE BLVD. SEBRING, FL 33870 US																																
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc		 01192004 Chg-P CR2E034 (10/03)																															
City & State		City & State																																	
Zip	Country	Zip	Country																																
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ARUMUGAM, ROGER N 7200 SOUTH GEORGE BLVD. SEBRING, FL 33870																															
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 re-registering) 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">P/D</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>ARUMUGAM, ROGER N</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">STREET ADDRESS</td> </tr> <tr> <td colspan="5">7200 SOUTH GEORGE BLVD.</td> </tr> <tr> <td colspan="5">CITY - ST - ZIP</td> </tr> <tr> <td colspan="5">SEBRING, FL 33870</td> </tr> </table>		TITLE	NAME	P/D	Delete	Delete		ARUMUGAM, ROGER N				STREET ADDRESS					7200 SOUTH GEORGE BLVD.					CITY - ST - ZIP					SEBRING, FL 33870				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 				1-22-04 863-474-9377																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																															