


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91214-033-\$150.00-\$150.00

DOCUMENT # P03000046090 1. Entity Name CAPITAL MEDICAL RESOURCES, INC.						<div style="transform: rotate(-15deg); font-size: 24pt; font-weight: bold;">FILED</div> <div style="transform: rotate(-15deg); font-size: 18pt;">04 JUN 10 PM 12:05</div> <div style="transform: rotate(-15deg); font-size: 14pt;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905				Mailing Address 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 061687746		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
WILSON, SYBIL 13091 ORANGE RIVER BLVD. FT. MYERS, FL 33905				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>							
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	D WILSON, SYBIL <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	13091 ORANGE RIVER BLVD.			NAME			
STREET ADDRESS	FT. MYERS, FL 33905			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 attachment with an address, with an other like empowered.							
SIGNATURE: <u>Sybil Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/28/04</u>		Daytime Phone #: <u>239-693-8888</u>	

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