2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P03000056254

Entity Name: OCTROY CLINIC AND SPA, INC

Current Principal Place of Business:

8815 CONROY WINDERMERE RD., SUITE 190
ORLANDO, FL 32835

New Principal Place of Business:

8815 CONROY WINDERMERE RD., SUITE 190
STE 190
ORLANDO, FL 32835

Current Mailing Address:

8815 CONROY WINDERMERE RD., SUITE 190
ORLANDO, FL 32835

New Mailing Address:

8815 CONROY WINDERMERE RD., SUITE 190
STE 190
ORLANDO, FL 32835

FEI Number: 51-0470471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKS, W. HUGH JR.
8815 CONROY WINDERMERE RD., SUITE 190
ORLANDO, FL 32835

Name and Address of New Registered Agent:

PARKS, W. HUGH JR.
8815 CONROY WINDERMERE RD., SUITE 190
STE 190
ORLANDO, FL 32835

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: 04/19/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: PARKS, W. HUGH JR.
Address: 8815 CONROY WINDERMERE RD., SUITE 190
City-St-Zip: ORLANDO, FL 32835

Title: VTD ( ) Delete
Name: COCHRAN, MICHAEL
Address: 200 2ND AVE. SOUTH, #246
City-St-Zip: ST. PETERSBURG, FL 337014313

Title: D (X) Delete
Name: RUSSELL, JOHN E
Address: 8040 COURTLEIGH DR.
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: RAGSDALE, STEVEN
Address: 2751 PHILLIPS 103 RD.
City-St-Zip: POPLAR GROVE, AR 72374

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: COCHRAN, MICHAEL
Address: 8815 CONROY WINDERMERE RD., SUITE 190
City-St-Zip: ORLANDO, FL 32835

Title: VD (X) Change ( ) Addition
Name: RUSSELL, JOHN E DR.
Address: 8040 COURTLEIGH DR.
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL COCHRAN PSD 04/19/2004
Electronic Signature of Signing Officer or Director — Date