

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075729

FILED
Aug 28, 2004
Secretary of State

Entity Name: AA MEDICAID SUPPORT, INC.

Current Principal Place of Business:

P.O. BOX 162051
ALTAMONTE SPRINGS, FL 327162051

New Principal Place of Business:

P.O. BOX 951585
LAKE MARY, FL 32795

Current Mailing Address:

P.O. BOX 162051
ALTAMONTE SPRINGS, FL 327162051

New Mailing Address:

P.O. BOX 951585
LAKE MARY, FL 32795

FEI Number: 26-0069245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACTISDANO, ANNA
620 GLENWOOD COURT, APT. 88
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

ACTISDANO, ANNA L
112 CANDLEWICK CT
SANFORD, FL 32771

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: ANNA ACTISDANO

08/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: ACTISDANO, ANNA
Address: P.O. BOX 162051
City-St-Zip: ALTAMONTE SPRINGS, FL 327162051

Title: DPVP () Delete
Name: ACTISDANO, ANNA
Address: P.O. BOX 162051
City-St-Zip: ALTAMONTE SPRINGS, FL 327162051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP (X) Change () Addition
Name: ACTISDANO, ANNA L
Address: P.O. BOX 951585
City-St-Zip: LAKE MARY, FL 32795

Title: DPVP (X) Change () Addition
Name: ACTISDANO, ANNA L
Address: P.O. BOX 951585
City-St-Zip: LAKE MARY, FL 32795

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: ANNA ACTISDANO

DPVP

08/28/2004

Electronic Signature of Signing Officer or Director

Date