2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000084819

Entity Name: SUSAN BLUEHS HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

561 EAST PERWINKLE WAY
#87
SANIBEL, FL 33957

New Principal Place of Business:

534 PIEDMONT
SANIBEL, FL 33957

Current Mailing Address:

P.O. BOX 571
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 42-1601705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUEHS, SUSAN V
561 EAST PERWINKLE WAY
#87
SANIBEL, FL 33957

Name and Address of New Registered Agent:

BLUEHS, SUSAN V
534 PIEDMONT
#87
SANIBEL, FL 33957

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: SUSAN V. BLUEHS 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: BLUEHS, SUSAN V
Address: 534 PIEDMONT
City-St-Zip: SANIBEL, FL 33957

Title: VP ( ) Change (X) Addition
Name: BLUEHS, SUSAN V
Address: 534 PIEDMONT
City-St-Zip: SANIBEL, FL 33957

Title: TREA ( ) Change (X) Addition
Name: BLUEHS, SUSAN V
Address: 534 PIEDMONT
City-St-Zip: SANIBEL,, FL 33957

Title: SECT ( ) Change (X) Addition
Name: BLUEHS, SUSAN V
Address: 534 PIEDMONT
City-St-Zip: SANIBEL, FL 33957

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: SUSAN V. BLUEHS PRES 04/30/2004
Electronic Signature of Signing Officer or Director Date