
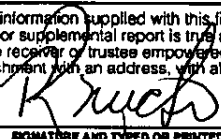


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

05-24-2004 90007 014 ***150.00

DOCUMENT # P03000093173 1. Entity Name BIOKNIGHT HEALTHCARE, CORP.			
Principal Place of Business 8570 NW 193RD LANE MIAMI LAKES, FL 33015		Mailing Address 8570 NW 193RD LANE MIAMI LAKES, FL 33015	
2. Principal Place of Business 8570 NW 193rd lane		3. Mailing Address Same.	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc. 0	
City & State Miami Lakes, FL		City & State Same.	
Zip 33015		Zip 33015	
Country USA		Country USA	
6. Name and Address of Current Registered Agent KNUDSON, AIDA B 8570 NW 193RD LANE MIAMI LAKES, FL 33015		7. Name and Address of New Registered Agent Name Same. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KNUDSON, AIDA B 8570 NW 193RD LANE MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KNUDSON, CRAIG D 8570 NW 193RD LANE MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: 		Date 6/12/04.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Attachment [REDACTED]

66428679

May 20th, 2004

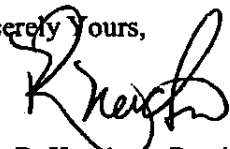
Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500
(850) 245-6056

Dear Sirs:

I was just informed by my accountant that the fee to file the Florida Corporation profit annual report for 2004 was due by May 1st and that a late fee of \$400.00 would be applied after that date. My husband and I just started our C-Corporation BioKnight Healthcare (P03000093173) in September of 2003, and we were not aware that we had to pay to file an annual report each year. We were supposed to have received a notification card in the mail, but we either did not receive this card or accidentally discarded it with all the junk mail we receive.

I contacted your office on Tuesday and I was told that since this was our first year for the corporation, the first time being late, and since we didn't receive a notification card, that we could check the box that we did not receive prior notice for filing and still be able to pay only the \$150.00 fee. The enclosed check is for this amount. Please inform me if this is not acceptable so we can terminate our corporation if that is necessary. Thank you for your consideration in this matter.

Sincerely Yours,


Aida B. Knudson, President
BioKnight HealthCare, Corp.
8570 NW 193 Lane
Hialeah, FL 33015
(305) 829-2401