

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108917

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: FIRST HEALTH, INCORPORATED

## Current Principal Place of Business:

3000 ISLAND BOULEVARD  
#1204  
AVENTURA, FL 33160 US

## Current Mailing Address:

3000 ISLAND BOULEVARD  
#1204  
AVENTURA, FL 33160 US

## New Principal Place of Business:

3201 NE 183RD STREET  
#1007  
AVENTURA, FL 33160 US

## New Mailing Address:

3201 NE 183RD STREET  
#1007  
AVENTURA, FL 33160 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANSFIELD, GARY N  
3000 ISLAND BOULEVARD  
#1204  
AVENTURA, FL 33160 US

## Name and Address of New Registered Agent:

MANSFIELD, GARY N  
3201 NE 183RD STREET  
#1007  
AVENTURA, FL 33160 US

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:

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MANSFIELD, GARY N  
Address: 3000 ISLAND BOULEVARD #1204  
City-St-Zip: AVENTURA, FL 33160 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MANSFIELD, GARY N  
Address: 3201 NE 183RD STREET #1007  
City-St-Zip: AVENTURA, FL 33160 US

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: GARY N. MANSFIELD

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date