2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P03000155901

Entity Name: MEDICAL CONSUMER COUNSELING, INC.

Current Principal Place of Business:

200 W. FORSYTH STREET
SUITE 1200
JACKSONVILLE, FL 32202

New Principal Place of Business:

1851 EXECUTIVE CENTER DRIVE
SUITE 200B
JACKSONVILLE, FL 32207

Current Mailing Address:

200 W. FORSYTH STREET
SUITE 1200
JACKSONVILLE, FL 32202

New Mailing Address:

1851 EXECUTIVE CENTER DRIVE
SUITE 200B
JACKSONVILLE, FL 32207

FEI Number: 35-2221647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIDGE, GEORGE E ESQ.
200 W. FORSYTH STREET
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: CRIMM, JESSE C
Address: 1851 EXECUTIVE CENTER DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Change (X) Addition
Name: RIDGE, GEORGE E
Address: 200 W. FORSYTH STREET, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Change (X) Addition
Name: DEESE, SHERRILL A
Address: 200 W. FORSYTH STREET, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202

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: GEORGE E. RIDGE VP 04/28/2004

Electronic Signature of Signing Officer or Director — Date