

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90451 044 ***150.00

DOCUMENT # P09096

1. Entity Name

A4 HEALTH SYSTEMS, INC.



Principal Place of Business

**5501 DILLARD DR
CARY NC 27511
US**

Mailing Address

**5501 DILLARD DR
CARY NC 27511
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0986374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCONNELL, JOHN P	
STREET ADDRESS	5501 DILLARD DR	
CITY-ST-ZIP	CARY NC 27511	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEISHAUP-SMITH, PETRA	
STREET ADDRESS	5501 DILLARD DR	
CITY-ST-ZIP	CARY NC 27511	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, NEAL	
STREET ADDRESS	5501 DILLARD DR.	
CITY-ST-ZIP	CARY NC 27511	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAMS, DAVID	
STREET ADDRESS	5501 DILLARD DR.	
CITY-ST-ZIP	CARY NC 27511	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, TOM	
STREET ADDRESS	5501 DILLARD DR.	
CITY-ST-ZIP	CARY NC 27511	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, BOND	
STREET ADDRESS	5501 DILLARD DR.	
CITY-ST-ZIP	CARY NC 27511	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN P. McCONNELL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BOND	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BOND	
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/04

919-851-6177