
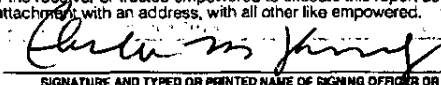


FILED  
Aug 12, 2004 8:00 am  
Secretary of State

07-27-2004 90035 005 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P22191</b> 1. Entity Name THE COGDELL GROUP, INC.			
Principal Place of Business 161 MATTHEWS STREET STE #100 MATTHEWS, NC 28105 US		Mailing Address P.O. BOX 1334 MATTHEWS, NC 28106 US	
2. Principal Place of Business 4401 BARCLAY Downs Dr. Suite, Apt. #, etc. STE 300 City & State Charlotte NC Zip 28209		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent LEBLANC, PHYLLIS J. ALL CHILDREN'S PHY OFFICE BLDG 880 6TH ST. S. SUITE 190 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent 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 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	C COGDELL, JAMES W P.O. BOX 1334 MATTHEWS, NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Cogdell, James W. 4401 Barclay Downs Dr. Ste 300 Charlotte, NC 28209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, FRANK C P.O. BOX 1334 MATTHEWS, NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Spencer, Frank C. 4401 BARCLAY Downs Dr. STE 300 Charlotte, NC 28209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANDY, CHARLES P.O. BOX 1334 MATTHEWS, NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANDY, CHARLES 4401 BARCLAY Downs Dr. STE 300 Charlotte, NC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		8/2/04 704-9402900 Date Daytime Phone #	

*Attachment* *66431844*  
**COGDELL SPENCER**  
**A D V I S O R S**

June 30, 2004

Florida Department of State  
Jim Smith, Secretary of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314


Re: Annual Report Renewal 2004-2005  
Federal ID #56-1026994

Gentlemen,

This letter is to inform you that we have not received our annual report renewal for 2004-2005. Our mailing address has changed from P.O. Box 1334, Matthews, NC to 4401 Barclay Downs Drive, Ste 300, Charlotte, NC 28209.

Our mail is to be forwarded to our current address until September 2004, but we have had other problems receiving our mail. Whether this is the reason we have not received the annual report or not, I am enclosing a check in the amount of \$150.00 for our annual renewal based on the fee due in previous years. If this is not the correct amount, please call me at 704-940-2914 or Jackie Way at 704-940-2928.

Sincerely,



Charles M. Handy  
COO/CFO

CMH/jw

enc.

cc: Jackie Way

HEALTHCARE'S REAL ESTATE SPECIALIST