2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # P92000014811** PRASANNA JAYAKAR, P.A. Principal Place of Business Mailing Address MIAMI CHILDREN'S HOSPITAL, NEUROSCIENCE MIAMI CHILDREN'S HOSPITAL, NEUROSCIENCE 6125 S.W. 31 ST. 6125 S.W. 31 ST. MIAMI, FL 33155 MIAMI, FL 33155 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0390591 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAYAKAR, PRASANNA DO NOT WRITE 12825 SW 74TH CT MIAMI, FL 33156 IN THIS SPACE 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, typed or printed name of registered agent and Life if applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. me PRASANNA, JAYAKAR P NAME STREET ADDRESS **6125 SW 31ST STREET** CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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 got 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:

STATUTES AND YEAR OF SERVICE NAME OF SIGNING GENESE OF RUBSCOPE.

CITY-ST-78P