

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000005734

FILED
May 17, 2004
Secretary of State

Entity Name: BUTLER HEALTH SYSTEMS, INC.

Current Principal Place of Business:

1443 BAYLOR LANE
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

UNITED STATES FEDERAL COURTHOUSE
MIDDLE SOUTH DISTRICT, POST OFFICE BOX 89
JACKSONVILLE, FL 32201 US

New Mailing Address:

UNITED STATES POST OFFICE BUILDING
POST OFFICE BOX 89
JACKSONVILLE, FL 32201 US

FEI Number: 59-3155556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, WALTER "WALLY" B
1443 BAYLOR LANE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BUTLER, WALTER B
1443 BAYLOR LANE
JACKSONVILLE, FL 32217 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: WALTER BUTLER

05/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BUTLER, WALTER B JR
Address: 1443 BAYLOR LANE
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: BUTLER, REBECCA L
Address: 1443 BAYLOR LANE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BUTLER, WALTER B JR
Address: 1443 BAYLOR LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: P (X) Change () Addition
Name: BUTLER, REBECCA L
Address: 1443 BAYLOR LANE
City-St-Zip: JACKSONVILLE, FL 32217

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: WALTER BUTLER

VP

05/17/2004

Electronic Signature of Signing Officer or Director

Date