2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000064428

1. Entity Name
AMERX HEALTH CARE CORP.

FILED
04 JUN 10 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03072004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1150 CLEVELAND STREET 410 CLEARWATER, FL 33755 US	1150 CLEVELAND STREET 410 CLEARWATER, FL 33755 US

2. Principal Place of Business		3. Mailing Address	
1300 S. HIGHLAND AVENUE		1300 S. HIGHLAND AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLEARWATER,.FL		City & State: CLEARWATER, FL	
Zip: 33756	Country	Zip: 33756	Country

4. FEI Number: 59-3201771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, JAMES B
1150 CLEVELAND STREET
SUITE 410
CLEARWATER, FL 33755

1300 S. HIGHLAND AVENUE
CLEARWATER, FL 33756

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 ________ 6/8/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JAMES B		NAME	100038481981	
STREET ADDRESS	424 CYPRESS VIEW DRIVE		STREET ADDRESS	06/30/04--01046--019 **550.00	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	DCOE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHN C. ANDERSON		NAME		
STREET ADDRESS	2350 NE COACHMAN RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ________ 6/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #