2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2005
Secretary of State

DOCUMENT# P94000013197

Entity Name: SIN-LES, INC.

Current Principal Place of Business:

320 ZEAGLER DR
SUITE C
PALATKA, FL 321773817 US

New Principal Place of Business:

320 ZEAGLER DR
SUITE 1
PALATKA, FL 321773817 US

Current Mailing Address:

320 ZEAGLER DR
SUITE C
PALATKA, FL 321773817 US

New Mailing Address:

320 ZEAGLER DR
SUITE 1
PALATKA, FL 321773817 US

FEI Number: 59-3303594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, DONALD E
222 N. 3RD ST.
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: CHARLES, GLENWOOD A M.D.
Address: 320 ZEAGLER DR STE A
City-St-Zip: PALATKA, FL 32177

Title: P ( ) Delete
Name: SINGH, KAUSHALENDRA K M.D.
Address: 320 ZEAGLER DR STE C
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHARLES, GLENWOOD A M.D.
Address: 320 ZEAGLER DR STE 1
City-St-Zip: PALATKA, FL 32177

Title: S (X) Change ( ) Addition
Name: SINGH, KAUSHALENDRA K M.D.
Address: 320 ZEAGLER DR STE 3
City-St-Zip: PALATKA, FL 32177

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: GLENWOOD A. CHARLES MD P 05/07/2005

Electronic Signature of Signing Officer or Director — Date