2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# P94000086284

Entity Name: CAPITAL MEDICAL CORPORATION

Current Principal Place of Business:

1324 THOMASWOOD DR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

1324 THOMASWOOD DR
TALLAHASSEE, FL 32308 US

Current Mailing Address:

PO BOX 15013
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3279715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JOHN H
919 SHADOWLAWN DRIVE
TALLAHASSEE, FL 32312

Name and Address of New Registered Agent:

WOOD, JOHN H
545 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

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: _____ 03/08/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOOD, JOHN H
Address: 545 FRANK SHAW RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN H. WOOD PRES 03/08/2004
Electronic Signature of Signing Officer or Director — Date