2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059114

40 SE 12TH STREET STE C-201

OCALA, FL 34474

Address: City-St-Zip:

Apr 12, 2004 Secretary of State

Entity Name: PRICARE OF MARION COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2323 CURLEW ROAD STE 7E DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** 2323 CURLEW ROAD STE 7E DUNEDIN, FL 34698 FEI Number: 59-3329880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBSON, CHARLES J 2323 CURLÉW ROAD STE 7E DUNEDIN, FL 34698 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PROMIN, RICHARD E M.D. Name: Name: 2215 SE FORT KING STREET BLDG. C Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: () Delete Title: VSD Title: () Change () Addition Name: GRAINGER, CHRISTOPHER M.D. Name: 1805 SE LAKEWEIR AVENUE STE 103 Address: Address: OCALA, FL 34471 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition POPEIL, LARRY M.D. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RICHARD E. PROMIN PD 04/12/2004