


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90014 027 \*\*\*150.00

|   |                      |   |
|---|----------------------|---|
| <b>DOCUMENT # P95000060338</b>  |                      |    |
| 1. Entity Name<br><b>SWEETWATER MEDICAL, INC.</b>   |                      |   |
| Principal Place of Business<br><b>87899 OVERSEAS HWY<br/>ISLAMORADA, FL 33036 US</b>  |                      | Mailing Address<br><b>PO BOX 9720<br/>TAVERNIER, FL 33070-9720</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                      |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WEST, CLEVELAND D<br/>87899 OVERSEAS HWY<br/>ISLAMORADA, FL 33036</b>   |                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |                      |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |                      |   |
| TITLE   | V                    |   |
| NAME  | DOYLE, ROBERT E.     |   |
| STREET ADDRESS  | 87899 OVERSEAS HWY   |   |
| CITY-ST-ZIP   | ISLAMORADA, FL 33036 |   |
| TITLE   | VD                   |   |
| NAME  | BATTREALL, CATHY C.  |   |
| STREET ADDRESS  | 87899 OVERSEAS HWY   |   |
| CITY-ST-ZIP   | ISLAMORADA, FL 33036 |   |
| TITLE   | P                    |   |
| NAME  | WEST, CLEVELAND D.   |   |
| STREET ADDRESS  | 87899 OVERSEAS HWY   |   |
| CITY-ST-ZIP   | ISLAMORADA, FL 33036 |   |
| TITLE   |                      |   |
| NAME  |                      |   |
| STREET ADDRESS  |                      |   |
| CITY-ST-ZIP   |                      |   |
| TITLE   |                      |   |
| NAME  |                      |   |
| STREET ADDRESS  |                      |   |
| 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: <u><i>Cathy Battreall</i></u>  |                      | Date <u>2/16/04</u>   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                      | Daytime Phone # <u>305 852 4323</u>   |

**54008424**



01072004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0598837</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |