

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


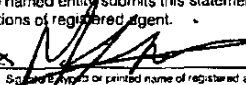
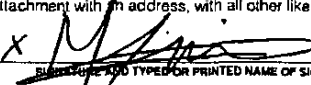
05-10-2004 90482 027 \*\*\*\*61.25  
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 26 AM 8:23

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<b>DOCUMENT # P95000061610</b>																											
1. Entity Name <b>RODGER HEALTH SERVICES, INC.</b>																											
Principal Place of Business <b>2720 SW 97 AVE SUITE 102 MIAMI, FL 33165 US</b>		Mailing Address <b>2720 SW 97 AVE SUITE 102 MIAMI, FL 33165 US</b>																									
2. Principal Place of Business <b>14935 S.W. 104 St</b>		3. Mailing Address <b>14935 S.W. 104 St</b>																									
Suite, Apt. #, etc. <b>Dpt. 102, Bldg. 5</b>		Suite, Apt. #, etc. <b>Dpt. 102, Bldg. 5</b>																									
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>																									
Zip <b>33196</b>		Zip <b>33196</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>65-0601384</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, RAYMOND E 2643 SW 152ND PLACE MIAMI, FL 33185</b>		7. Name and Address of New Registered Agent <b>J. Everett Wilson, Esq. 2151 LeJeune Rd. Nezzanine Coral Gables FL 33134</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:  DATE: <b>04/27/04</b> <small>Signature of Agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)</small>																											
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, RAYMOND E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2643 SW 152ND PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 11385</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, RAYMOND E		STREET ADDRESS	2643 SW 152ND PLACE		CITY - ST - ZIP	MIAMI, FL 11385		<table border="1"> <tr> <td>TITLE</td> <td>DP S</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nickel Prias</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14935 S.W. 104 St. Apt. 102, Bldg 5</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Miami, FL 33196</td> <td></td> </tr> </table>		TITLE	DP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Nickel Prias		STREET ADDRESS	14935 S.W. 104 St. Apt. 102, Bldg 5		CITY - ST - ZIP	Miami, FL 33196	
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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: 		Date: <b>4/27/04</b> Daytime Phone: <b>5126 06</b>																									