2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P95000081401

Entity Name: MEDICAL CAMPUS MANAGEMENT, INC.

Current Principal Place of Business:

1095 ST. LUCIE WEST BLVD
PORT ST LUCIE, FL 34995

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9010
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0605328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
555 COLORADO AVE.
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARMAN, RICHMOND M
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

Title: VD ( ) Delete
Name: ROBITAILLE, MARK
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: TAGLIARENI, JOHN
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: COCORULLO, L. MARK
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: ROBBINS, HOWARD MD
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: RIPPER, KAREN
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: RICHMOND M. HARMAN PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date

BARRY, AMY DIRECTOR
301 HOSPITAL AVENUE
STUART, FL 34994