
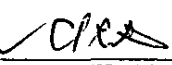


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90243 015 \*\*\*150.00

<b>DOCUMENT # P96000008687</b> 1. Entity Name BKRY OF SEBRING, INC.																																																																																																										
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Mailing Address C/O LEGAL DEPT 2828 CROASDAILE DRIVE DURHAM, NC 27705																																																																																																								
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Navigant Consulting Two North Charles Street Suite 400 Baltimore, Maryland 21201																																																																																																									
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code																																																																																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DCEO</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CROD</td> </tr> <tr> <td>NAME</td> <td>SCOTT, STEVEN M M.D.</td> <td>NAME</td> <td>Charles R. Goldstein</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2828 CROASDAILE DRIVE</td> <td>STREET ADDRESS</td> <td>Navigant Consulting</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DURHAM, NC 27705</td> <td>CITY - ST - ZIP</td> <td>Two North Charles Street - Suite 400</td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>PCFO</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>GREENMAN, JACK S</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2828 CROASDAILE DRIVE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DURHAM, NC 27705</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>WEGNER, ANITA S</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2828 CROASDAILE DRIVE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DURHAM, NC 27705</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	DCEO	TITLE	CROD	NAME	SCOTT, STEVEN M M.D.	NAME	Charles R. Goldstein	STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS	Navigant Consulting	CITY - ST - ZIP	DURHAM, NC 27705	CITY - ST - ZIP	Two North Charles Street - Suite 400		<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PCFO	TITLE		NAME	GREENMAN, JACK S	NAME		STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS		CITY - ST - ZIP	DURHAM, NC 27705	CITY - ST - ZIP			<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	ST	TITLE		NAME	WEGNER, ANITA S	NAME		STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS		CITY - ST - ZIP	DURHAM, NC 27705	CITY - ST - ZIP			<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																																																																																										
<b>SIGNATURE:</b>  <b>Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																										

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04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0628159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	