

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078922

FILED  
Apr 26, 2004  
Secretary of State

**Entity Name:** INDUSTRIAL HEALTH SOLUTIONS, P.A.

**Current Principal Place of Business:**

3079 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680  
PALM CITY, FL 34991 US

**New Mailing Address:**

**FEI Number:** 59-3401720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSBROUGH, BRUCE A  
3079 S.W. MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**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: HANSBROUGH, BRUCE A  
Address: 3079 SW MARTIN DOWNS BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete  
Name: HANSBROUGH, NANCY  
Address: 11764 SW VALENCIA CT  
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete  
Name: MORSE, PATRICIA  
Address: 1728 SHOSHONEE TR  
City-St-Zip: CASSELBERRY, FL 32707

**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:

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:** B.A. HANSBROUGH

PD

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date