



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000038153</b> 1. Entity Name <b>MORETTI HEALTH SERVICES, INC.</b>																																																																	
Principal Place of Business <b>10057 COUNTRY BROOK RD BOCA RATON FL 33428</b>			Mailing Address <b>10057 COUNTRY BROOK RD BOCA RATON FL 33428</b>																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																															
City & State		City & State																																																															
Zip	Country	Zip	Country	4. FEI Number <b>65-0752738</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Barcode:  MOORE CR2E034 (11/03)																																																													
6. Name and Address of Current Registered Agent  <b>MORETTI, SILVANA 10057 COUNTRY BROOK RD BOCA RATON FL 33428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PSD STEGE, PAUL <input type="checkbox"/> Delete</td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000086408</b>  <b>03/12/04-80022-008 150.00</b> </td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY-ST-ZIP</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><b>10057 COUNTRY BROOK RD</b></td> <td style="padding: 2px;"><b>BOCA RATON FL 33428</b></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><b>BOCA RATON FL 33428</b></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PSD STEGE, PAUL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000086408</b> <b>03/12/04-80022-008 150.00</b>		NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP		<b>10057 COUNTRY BROOK RD</b>	<b>BOCA RATON FL 33428</b>					<b>BOCA RATON FL 33428</b>																																		
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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: <u><i>Paul A. Steger President</i></u> <u>3/8/04</u> <u>561-218 0909</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																	