2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043463

FILED Apr 02, 2004 Secretary of State

Entity Na	ıme: VERSAT	ILE MEDICAL MANAGEMENT	, INC.	
Current Principal Place of Business:			New Principal Place of Business:	
18451 SE INGLIS, F	72ND AVE L 34449			
Current Mailing Address:			New Mailing Address:	
18451 SE INGLIS, F	72ND AVE L 34449			
FEI Number	r: 65-0754923	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
18451 S.E INGLIS, F			ournose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registere	a office of registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VAN HORN, CH 18451 SE 72N	D AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (METZ, KATHLE 221 STAGGER BEVERLY HILI	BUSH PATH	Title: Name: Address: City-St-Zip:	() Change () Addition

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: CHERYL A. VAN HORN Ρ 04/02/2004