2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P97000068780

Entity Name: YARBROUGH MEDICAL FORMS, INC.

Current Principal Place of Business:

401 OFFICE PLAZA DR
STE B
TALL., FL 32301 US

New Principal Place of Business:

Current Mailing Address:

309 BELMONT RD.
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3460848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YARBROUGH, RAYMOND C
401 OFFICE PLAZA DR
STE B
TALLAHASSEE, FL 32301

Name and Address of New Registered Agent:

YARBROUGH, RAYMOND C
5752 FOXBRIDGE WAY
TALLAHASSEE, FL 32317

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: 04/07/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YARBROUGH, RAYMOND C
Address: 1032 KINGDOM DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: YARBROUGH, RAYMOND C
Address: 5752 FOXBRIDGE WAY
City-St-Zip: TALLAHASSEE, FL 32308

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: RAYMOND C. YARBROUGH P 04/07/2004
Electronic Signature of Signing Officer or Director — Date