2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 10, 2004
Secretary of State

DOCUMENT# P97000084262

Entity Name: SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.

Current Principal Place of Business:

4620 SW 74TH AVE
MIAMI, FL 33155 US

New Principal Place of Business:

4390 SW 74TH AVE
MIAMI, FL 33155 US

Current Mailing Address:

4620 SW 74TH AVE
MIAMI, FL 33155 US

New Mailing Address:

4390 SW 74TH AVE
MIAMI, FL 33155 US

FEI Number: 65-0780116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOUNTAIN, ROBERT F
11000 NE 9 COURT
MIAMI, FL 33161 US

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOUNTAIN, ROBERT F
Address: 11000 NE 9TH CT
City-St-Zip: MIAMI, FL 33161

Title: CEO ( ) Delete
Name: SELPH, JIMMIE J
Address: 1715 GREEN ST
City-St-Zip: WARNER ROBINS, GA 31088

Title: S ( ) Delete
Name: WALKER, PATRICIA S
Address: 1822 WATSON BLVD
City-St-Zip: WARNER ROBINS, GA 31093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SIMPSON, TRACY S
Address: 312 N. DAVIS DRIVE
City-St-Zip: WARNER ROBINS, GA 31093

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: ROBERT F FOUNTAIN PRES 12/10/2004

Electronic Signature of Signing Officer or Director — Date