

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104349

FILED
Feb 11, 2004
Secretary of State

Entity Name: ZASSI MEDICAL EVOLUTIONS, INC.

Current Principal Place of Business:

1886 14TH ST
SUITE 6
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1886 14TH ST
SUITE 6
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3481067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON DYCK, PETER
1886 S 14TH ST
SUITE 6
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VON DYCK, PETER M
Address: 1886 S 14TH ST STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: TACY, A C JR
Address: 1886 S 14TH ST STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: MINASI, JOHN S M.D.
Address: 1886 S 14TH ST STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ROSSITER, AL
Address: 1886 S 14TH STREET STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: UIBLE, JACK
Address: 1886 S 14TH STREET STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: WALKER, JOE
Address: 1886 S. 14TH ST., STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

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

Title: D (X) Change () Addition
Name: SOMMERS, WILLIAM
Address: 1886 S 14TH STREET STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

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: PETER VON DYCK

D

02/11/2004

Electronic Signature of Signing Officer or Director

Date