

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104670

FILED
Mar 02, 2004
Secretary of State

Entity Name: RENEX MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

230 GREAT CIRCLE ROAD, SUITE 218
NASHVILLE, TN 372281735 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 280907
NASHVILLE, TN 372280907 US

New Mailing Address:

FEI Number: 65-0837198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 33131 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: CD () Delete
Name: TANNENBAUM, JEROME S
Address: 230 GREAT CIRCLE ROAD, SUITE 218
City-St-Zip: NASHVILLE, TN 372281735 US

Title: PD () Delete
Name: HYMES, JEFFREY M.D.
Address: 230 GREAT CIRCLE ROAD, SUITE 218
City-St-Zip: NASHVILLE, TN 372281735 US

Title: VD () Delete
Name: HARRISON, MILTON S
Address: 230 GREAT CIRCLE ROAD, SUITE 218
City-St-Zip: NASHVILLE, TN 372281735 US

Title: TS () Delete
Name: MURPHY, LEIF M
Address: 230 GREAT CIRCLE ROAD, SUITE 218
City-St-Zip: NASHVILLE, TN 372281735 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: CANNIZZARO, MICHAEL N
Address: 230 GREAT CIRCLE ROAD, SUITE 218
City-St-Zip: NASHVILLE, TN 372281735 US

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

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

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: LEIF M. MURPHY

TS

03/02/2004

Electronic Signature of Signing Officer or Director

Date