


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000041085</b>			
1. Entity Name SIGNATURE HEALTH SERVICES, INC.			
Principal Place of Business 1711 HAMMONDVILLE RD POMPANO BEACH, FL 33069		Mailing Address 1711 HAMMONDVILLE RD POMPANO BEACH, FL 33069	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0832664	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GIBSON, DALE 1711 HAMMONDVILLE RD POMPANO BEACH, FL 33069		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution	
		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000038362 02/06/04-80133-024 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSVD GIBSON, DALE 6410 NW 20TH COURT SUNRISE, FL 33313		
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12. I hereby certify that the information supplied with this filing does not qualify for exemption from the filing fee as provided 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 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 or supplemental report, or on an attachment with an address, with all other like empowered persons.			
SIGNATURE: 		2/4/2004 Date Daytime Phone #	