## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90283 015 \*\*\*150.00

| 1. Entity Nam  | MENT # P98000098<br>REGIONAL MANAGEMEN   |  | i.         |  |  | 01202001                         | J0203 013                 | , 130                    | .00                |
|--|--|--|------------|--|--|----------------------------------|---------------------------|--------------------------|--------------------|
| Principal Place of Business 2111 GLENWOOD DRIVE STE 202 WINTER PARK, FL 32792 US   |  | Mailing Address 2111 GLENWOOD DRIVE STE 202 WINTER PARK, FL 32792 US |            |  |  | <b>.</b>                         |                           |                          | <b>16</b> 4 A 1811 |
| 2. Principal Place of Business   |  | 3. Mailing Address   |            |  |  |                                  |                           |                          |                    |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |            | 04142004   |  |                                  |                           |                          |                    |
| City & State   |  | City & State   |            |  | 4. FEI Number<br>59-3544307                |                                  | Applied For Not Applicat  |                          |                    |
| Zip  | Country  | Zip  | Cour       | otry   | 5. Certificate                             | of Status Desired                |                           | 8.75 Addi<br>se Required |                    |
|  | 6. Name and Address of Current   | Registered Agent   |            | Name   | 7. Name and                                | Address of New F                 | Registered Ag             | jent                     |                    |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324  8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. |  |  |            | Street Address (P.O. Box Number is Not Acceptable) |  |                                  |                           |                          |                    |
|  |  |  |            |  |  |                                  | ·                         | T                        |                    |
|  |  |  |            | City   |  |                                  | FL                        | Zip Code                 |                    |
|  | Sgnature, typed or printed name of registered agent of the second of the | 9. Election Campa<br>Trust Fund Cont                                 | ign Fina   | . D A  | 5.00 May Be<br>Ided to Fees                | /CHANGES TO OF                   |                           | DIRECTORS Change         | S IN 11            |
| STREET ADORESS<br>CITY-ST-ZIP  | 200 CORPORATE CENTER DR.<br>MOON TOWNSHIP, PA 15108  | , STE. 360   |            |  | Concours                                   | ePParkway<br>32751               | 5 <b>S.,</b> 5 <b>S</b> ũ | ite220                   | 0                  |
| TITLE<br>⇒NAME   | DPCO CONTE, JOSEPH D 200 CORPORATE CENTER DR. MOON TOWNSHIP, PA 15108  |  | STR        | Jos  | /COO<br>eph D. Co<br>Concours<br>tland, Fi | ontéo<br>se Parkway              | ا جه یه                   | Change                   | Addition           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DT<br>CURCIO, EUGENE R<br>200 CORPORATE CENTER DR<br>MOON TOWNSHIP, PA 15108   | ☐ Delete<br>STE 360  |            | Eug Eug  | ene R. Cu<br>Concours                      | ircio<br>Se <sub>3</sub> Parkway |                           | Change                   | ☐ Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CORSETTI, ROSEMARY L<br>200 CORPORATE CENTER DRI<br>MOON TOWNSHIP, PA 15108   | Delete VE STE 360  |            | ₽ S<br>Ros   | emary L.                                   | Corsetti<br>Centre<br>PA 152130  | <u> </u>                  | <b>K</b> Change          | Addition           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delute   |            | E  |  |                                  |                           | ☐ Change                 | Addition           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   |            |  |  |                                  |                           | ☐ Change                 | Addition           |
| Indicated  | certify that the information supplied with<br>I on this report or supplemental report is<br>reporation or the receiver or rustee empore,<br>or on an attachment with an address.   | true and accurate and that i   | mu ciran s | atura chall have th                                | a same lenut offe                          | et as if made under              | neth: that I ar           | n on officer             | or director        |

Rosemary L. Corsetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY

4/19/04

(412) 281-4420

Daytime Phone #