

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058244

FILED
Mar 15, 2004
Secretary of State

Entity Name: NATIONAL HERNIA NETWORK, INC.

Current Principal Place of Business:

5757 BOOTH ROAD, SUITE 100
JACKSONVILLE, FL 32207

New Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
SUITE 909
JACKSONVILLE, FL 32217

Current Mailing Address:

6560 NINTH AVENUE NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
SUITE 909
JACKSONVILLE, FL 32217

FEI Number: 59-3585850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 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: P () Delete
Name: HAGAN, KENNETH
Address: 5757 BOOTH ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: HAGAN, CATHRYN A
Address: 5757 BOOTH RD., BLDG 100
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAGAN, KENNETH
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE 909
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP (X) Change () Addition
Name: HAGAN, CATHRYN A
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE 909
City-St-Zip: JACKSONVILLE, FL 32217

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: CATHRYN A HAGAN

VP

03/15/2004

Electronic Signature of Signing Officer or Director

Date