2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# P99000064271

Entity Name: CITRUS EMERGENCY SERVICES, P. A.

Current Principal Place of Business:

2723 HIGHWAY 44 WEST
INVERNESS, FL 344533729

New Principal Place of Business:

Current Mailing Address:

2723 HIGHWAY 44 WEST
INVERNESS, FL 344533729

New Mailing Address:

FEI Number: 59-3588084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRINGTON, ROBERT R M.D.
2723 HIGHWAY 44 WEST
INVERNESS, FL 344533729 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: ARRINGTON MD, ROBERT R
Address: 828 INVERIE DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: S ( ) Delete
Name: BERNHART, WILLIAM R M.D.
Address: 7810 COW CAMP LANE
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: JEAN, PATRICK R M.D.
Address: 3198 CR 575
City-St-Zip: BUSHNELL, FL 33513

Title: T ( ) Delete
Name: FREDRICK, BRYAN D M.D.
Address: 1389 S. WATERVIEW DRIVE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARRINGTON, ROBERT R MD
Address: 828 INVERIE COURT
City-St-Zip: INVERNESS, FL 34453

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: ROBERT R ARRINGTON MD P 01/11/2004

Electronic Signature of Signing Officer or Director — Date