2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P99000085829 05-03-2004 91052 033 ***150.00 SOUTH SANTA ROSA WOMEN'S CENTER, P.A. Principal Place of Business Mailing Address 8467 NAVARRE PARKWAY NAVARRE FL 32566 8467 NAVARRE PARKWAY NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address 1931 Ortega 1931 Ortega St Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3600268 Vavarre Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Santa Santa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael W. MD BARBER, MICHAEL W M.D. P.O. Box Number is Not Acceptable) 8467 NAVARRE PARKWAY NAVARRE FL 32566 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILÉ NOW!!! FEE IS \$150.00 P 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ח ☐ Delete TITLE Change ☐ Addition BARBER, MICHAEL W M.D. NAME NAME 6838 MARLIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566-8415 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME BARBER, HEATHER L NAME STREET ADDRESS 6838 MARLIN ST STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP CITY-ST-ZIP 7171 F ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changes, or on an attachment with an address, with all other like empowered.

FILED