2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90211 001 ***150.00

DOCUMENT # V33311

1. Entity Name
AD TECH HEALTH CARE, INC.

14009850

Principal Place of Business	Mailing Address
~~2871 S. DELANEY AVE.~~	~~2871 S. DELANEY AVE.~~
ORLANDO, FL 32806 US	ORLANDO, FL 32806 US

2. Principal Place of Business	3. Mailing Address
1743 Wind Drift	1743 Wind Drift
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32809 Country	Zip: 32809 Country

03222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3121863 Applied For / Not Applicable

~~5. Certificate of Status Desired~~ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURRAY, DIANA	Name
~~2871 S DELANEY AVE~~	Street Address (P.O. Box Number is Not Acceptable) 1743 Wind Drift
ORLANDO, FL 32806	City Orlando FL Zip Code 32809

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 Diana Murray
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, DIANA 2871 S DELANEY AVE ORLANDO, FL 328064973	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1743 Wind Drift Orlando, FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, DIANA 2871 S DELANEY AVE ORLANDO, FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diana Murray 3/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #