

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57437

FILED  
Feb 17, 2004  
Secretary of State

Entity Name: PARITY HEALTHCARE, INC.

## Current Principal Place of Business:

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 US

## New Principal Place of Business:

## Current Mailing Address:

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 US

## New Mailing Address:

FEI Number: 65-0360536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTUS, JAY A  
1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 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: SVPS ( ) Delete  
Name: MARTUS, JAY A  
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: PD ( ) Delete  
Name: GOLD, LEWIS  
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: CEO ( ) Delete  
Name: EISENBERG, MITCHELL  
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: CFOD ( ) Delete  
Name: COWARD, ROBERT  
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAY A MARTUS

SVPS

02/17/2004

Electronic Signature of Signing Officer or Director

Date