


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000058787

1. Entity Name
ECLIPSE HEALTHCARE, INC.



Principal Place of Business
**7748 WATSON ROAD
 ST. LOUIS, MO 63119**

Mailing Address
**150 N. MARAMEC
 5TH FLOOR
 CLAYTON, MO 63105**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3196515** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SERAFIN, KATHLEEN 7748 WATSON ROAD ST. LOUIS, MO 63119
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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: *Kathleen Serafin* **Kathleen Serafin** 3149618500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #