2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N03000010303

Entity Name: MEDICAL STUDENTS IN ACTION, INC.

Current Principal Place of Business:

3700 SW 110 AVE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

3700 SW 110 AVE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 03-0536024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLANES, MIKEL
3700 SW 110 AVE
MIAMI, FL 33165

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LLANES, MIKEL	
Address:	3700 SW 110 AVE	
City-St-Zip:	MIAMI, FL 33165	
Title:	S	( ) Delete
Name:	NADEAU, VANESSA	
Address:	4077 NW 61 TERRACE	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	T	( ) Delete
Name:	RAMIREZ, ANGELICA	
Address:	331 NW 82 AVE UNIT 1303	
City-St-Zip:	MIAMI, FL 33126	
Title:	C	( ) Delete
Name:	SCHER, DANIELLE	
Address:	915 NW 1 AVE, APT 2810	
City-St-Zip:	MIAMI, FL 33136	
Title:	C	( ) Delete
Name:	CHAI, MARIANNE	
Address:	36 SW 20 RD	
City-St-Zip:	MIAMI, FL 33129	
Title:	C	( ) Delete
Name:	BARTEL, ALISON	
Address:	820 15 ST #8	
City-St-Zip:	MIAMI BEACH, FL 33139	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKEL LLANES P 04/21/2004

Electronic Signature of Signing Officer or Director — Date