


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000105309**  
 1. Entity Name  
**MARION MEDICAL EQUITY INVESTORS CORPORATION**



Principal Place of Business      Mailing Address  
**3399 PGA BOULEVARD #240**      **3399 PGA BOULEVARD #240**  
**PALM BEACH GARDENS, FL 33410**      **PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE IN THIS SPACE**



01162004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1121573**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GALGANO, JAMES V**  
**3399 PGA BOULEVARD**  
**SUITE 240**  
**PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE IN THIS SPACE**

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)      DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**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	P SINA, MALCOLM S 3399 PGA BLVD, STE 240 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GALGANO, JAMES V 3399 PGA BLVD, STE 240 PALM BEACH GARDENS, FL 33410
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04/30/04-80045-013 158.75

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_