

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109026

FILED
Jan 10, 2004
Secretary of State

Entity Name: PMN MEDICAL CENTERS, INC.

Current Principal Place of Business:

701 NW 57 AVE
240
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

701 NW 57 AVE
240
MIAMI, FL 33126

New Mailing Address:

FEI Number: 43-1976626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDVIN, PHILIP ESQ
2801 PONCE DE LEON BLVD STE 370
CORAL GABLES, FL 33134 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: DPST () Delete
Name: BEHAR, VICTOR
Address: 551 NW 107TH AVE VILLA 201
City-St-Zip: MIAMI, FL 33172

Title: CEO () Delete
Name: BEHAR, VICTOR
Address: 551 NW 107TH AVE VILLA 201
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VICTOR BEHAR

CEO

01/10/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date