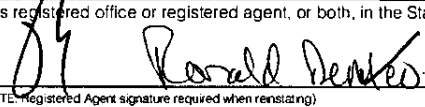
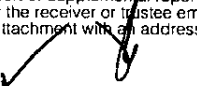


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90025 023 ***150.00

DOCUMENT # P95000019886 1. Entity Name MERIDIAN PAIN & DIAGNOSTICS, INC.					
Principal Place of Business 1435 WEST 49TH PLACE SUITE 500 HIALEAH, FL 33012 US			Mailing Address P.O. BOX 21026 FT. LAUDERDALE, FL 33335-2146 US		
2. Principal Place of Business 401 SW 42 Ave			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, FL			City & State Suite, Apt. #, etc.		
Zip 33134		Country Dade		Zip Country	
4. FEI Number 65-0566757				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREUND, IRWIN-CPA- 10729 SW 104 ST MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Ronald DeMeo Street Address (P.O. Box Number is Not Acceptable) 401 SW 42 Ave City Miami FL Zip Code 33134		
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  Ronald DeMeo 1-29-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MEO, RONALD F 1435 W 49TH PLACE, # 500 HIALEAH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeMeo, Ronald F 401 SW 42 Ave Miami, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  Ronald DeMeo 1-29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24005978



01262004 Chg-P CR2E034 (10/03)