

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000873

FILED
Mar 19, 2004
Secretary of State

Entity Name: PREFERRED MEDICAL GROUP LIMITED PARTNERSHIP

Current Principal Place of Business:

C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3444773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, DAVID
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 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

Capital Contributions as Shown on record: 1,000,000.00

Amount of Capital Contributions in Florida to date: 1,000,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: PREFERRED MEDICAL GROUP, INC.

Address: 115 HEDGEROW TRACE

City-St-Zip: DULUTH, GA 30097

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DAVID A MACDONALD

VP

03/19/2004

Electronic Signature of Signing General Partner

Date