


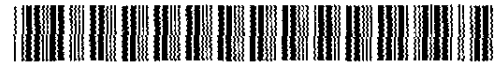
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000007001 1. Entity Name MEDICAL-THERAPY & DIAGNOSTIC GROUP WALK IN CLINIC, INC.	
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Principal Place of Business 901 1/2 EAST HENRY AVE TAMPA, FL 33604	Mailing Address 901 1/2 EAST HENRY AVE TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0798067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTIAGO, EMILCIE 901 1/2 EAST HENRY AVE TAMPA, FL 33604	DO NOT WRITE IN THIS SPACE
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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)
Signature typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTIAGO, EMILCIE 901 1/2 EAST HENRY AVE TAMPA, FL 33604
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IN THIS SPACE**

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07/16/04-80001-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Emilie D. Santiago*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____