

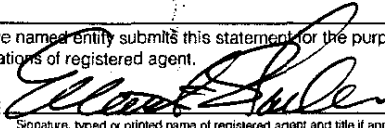
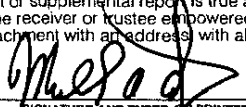


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90317 038 \*\*\*150.00

<b>DOCUMENT # F02000006347</b> 1. Entity Name <b>MEDICAL EDGE HEALTHCARE GROUP, INC.</b>					
Principal Place of Business <b>9330 AMBERTON PARKWAY, SUITE 200 DALLAS, TX 75243</b>			Mailing Address <b>9229 LBJ FREEWAY, STE 250 DALLAS, TX 75243</b>		
2. Principal Place of Business <b>9229 LBS FREEWAY</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Dallas, TX</b> Zip <b>75243</b>		3. Mailing Address <b>9229 LBS FREEWAY</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Dallas, TX</b> Zip <b>75243</b>			
Country <b>USA</b>		Country <b>USA</b>		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>75-2682287</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, FRANK L 9229 LBJ FREEWAY, STE 250 PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>		
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  <b>Mark Holloway, Agent Sec.</b> DATE <b>4/28/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>HELLSTERN, RONALD A M.D.</b> <b>9229 LBJ FREEWAY, STE 250</b> <b>DALLAS, TX 75243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9229 LBS FREEWAY, SUITE 250</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>HEIGHTEN, CLAY</b> <b>9229 LBJ FREEWAY, STE 250</b> <b>DALLAS, TX 75243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9229 LBS FREEWAY, SUITE 250</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <b>SINGLEY, DAVID</b> <b>9229 LBJ FREEWAY, STE 250</b> <b>DALLAS, TX 75243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9229 LBS FREEWAY, SUITE 250</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>AUSTIN, MIKE</b> <b>9229 LBJ FREEWAY, STE 250</b> <b>DALLAS, TX 75243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9229 LBS FREEWAY, SUITE 250</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>MICHAEL AUSTIN CFO</b> 4/28/04 972-299-3079 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Attachment*  
**Additional Directors**

54046312

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MARTIN, ROBERT M.D.
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243
TITLE	D
NAME	RELLAS, JAMES M.D.
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243
TITLE	D
NAME	ADAMS, FRANK
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243
TITLE	D
NAME	SODERSTROM, CARL
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243
TITLE	D
NAME	PATHAK, AJAY
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243

**Additional Directors**

54046312

TITLE	D
NAME	WOOD, JOHN M.D.
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243
TITLE	D
NAME	FIELDER, ROBERT
STREET ADDRESS	9229 LBJ FREEWAY, SUITE 250
CITY- ST- ZIP	DALLAS, TX 75243