

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006822

FILED
Aug 31, 2004
Secretary of State

Entity Name: MEDICAL BUSINESS CONCEPTS, INC.

Current Principal Place of Business:

52 MEDICAL PARK DRIVE EAST
SUITE 305
BIRMINGHAM, AL 35235

New Principal Place of Business:

Current Mailing Address:

52 MEDICAL PARK DRIVE EAST
SUITE 305
BIRMINGHAM, AL 35235

New Mailing Address:

FEI Number: 63-1119357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: STIDHAM, JAMES E
Address: 52 MEDICAL PARK DR. E., SUITE 305
City-St-Zip: BIRMINGHAM, AL 35235

Title: COBS () Delete
Name: ROLLINS, DOUGLAS L JR MD
Address: 52 MEDICAL PARK DR. E., SUITE 305
City-St-Zip: BIRMINGHAM, AL 35235

Title: TD () Delete
Name: ROLLINS, DONALD L JR MD
Address: 52 MEDICAL PARK DR. E., SUITE 305
City-St-Zip: BIRMINGHAM, AL 35235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES E. STIDHAM

PD

08/31/2004

Electronic Signature of Signing Officer or Director

Date