


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J54591 1. Entity Name MEDIPLEX MANAGEMENT OF PALM BEACH COUNTY, INC.	
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Principal Place of Business 101 SUN AVE. NE ALBUQUERQUE, NM 87109 US	Mailing Address 101 SUN AVE. NE ATTN: LEGAL DEPT. ALBUQUERQUE, NM 87109 US
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2983837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000125799 04/23/04-80007-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATHIES, WILLIAM A 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCD ROLES, JERRY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD OUSLEY, MARY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICHAEL T. BERG 101 SUN AVE. NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT HAYES, CRAIG D 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Michael T. Berg 4/9/04 (505) 821-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #