2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99407

Entity Name: MEDFACTS, INC.

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1500 SAN REMO AVE

STE 285

CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

1500 SAN REMO AVE STE 285

CORAL GABLES, FL 33146 US

FEI Number: 65-0074627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LATHAM, W. BRYAN 1500 SAN REMO AVE STE 285 CORAL GABLES, FL 33146

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete

Name: LATHAM, W B

Address: 7205 N.W. 19TH STREET #505

City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: LATHAM, BRENT W
Address: 7205 NW 19 ST #505

City-St-Zip: MIAMI, FL 33126

Title: D () Delete Name: LATHAN, BRYAN A

Address: 7205 NW 19ST 505 City-St-Zip: MIAMI, FL 33126 Title: CEO (X) Change () Addition

Name: LATHAM, W B

Address: 1500 SAN REMO AVE. #285

City-St-Zip: MIAMI, FL 33146

Name: LATHAM, BRENT W

Address: 1500 SAN REMO AVE. #285

City-St-Zip: MIAMI, FL 33146

Title: D (X) Change () Addition

Name: LATHAM, BRYAN A Address: 1500 SAN REMO AVE. #285

Address: 1500 SAN REMO AVE. #28: City-St-Zip: MIAMI, FL 33146

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: W. BRYAN LATHAM, M.D. CEO 01/27/2004