
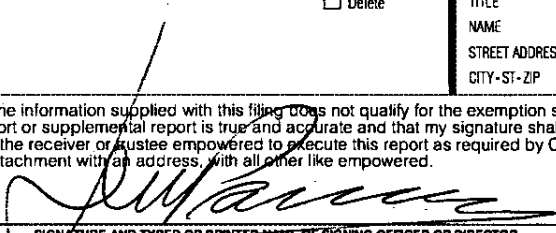


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90026 049 ***150.00

DOCUMENT # P00000010837					
1. Entity Name PHYSICIANS REFERRAL & MEDICAL SERVICES, INC.					
Principal Place of Business 12065 SW 131 AVE MIAMI, FL 33186			Mailing Address 12065 SW 131 AVE MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PALACIO, DELIA M 2625 SW 108 CT. MIAMI, FL 33165				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable.					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALACIO, DELIA M 2625 SW 108 CT. MIAMI, FL 33165		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALACIO, DELIA M 2625 SW 108 CT. MIAMI, FL 33165		<input type="checkbox"/> Delete		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/19/04					
Daytime Phone #					