


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000032926 1. Entity Name PHYSICIAN'S CLINICAL CONSULTING GROUP, INC.	
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Principal Place of Business 6560 SW 92ND AVENUE MIAMI, FL 33173	Mailing Address 6560 SW 92ND AVENUE MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1002373	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 REY, ANGEL M 6560 SW 92ND AVENUE MIAMI, FL 33173	DO NOT WRITE IN THIS SPACE
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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.

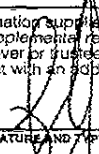
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REY, ANGEL M 6560 SW 92ND AVENUE MIAMI, FL 33173
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U000000019165
01/23/04-80014-013 150.00

**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)(f), 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:  **1/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #