

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000035668 1. Entity Name MEDISON MEDICAL SYSTEM, INC.			
Principal Place of Business 3016 NW 82ND AVENUE MIAMI, FL 33122		Mailing Address 3016 NW 82 AVE MIAMI, FL 33122	
DO NOT WRITE IN THIS SPACE		 07012004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0997174	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMASSINI, FLAVIO 8315 N.W. 64TH STREET SUITE 5 MIAMI, FL 33166		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		U000000164045 07/07/04-80028-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSTIROLLA, CARLO 3016 NW 82ND AVENUE MIAMI, FL 33122	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HWANG, HYUNKYU 3016 NW 82ND AVENUE MIAMI, FL 33122		
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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: 		07-02-04 305.342.0815	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	