


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90032 037 ***150.00

DOCUMENT # P00000049678 1. Entity Name MEDICAL SURGICAL SERVICE PROVIDERS, INC.			
Principal Place of Business 150 SW 12TH AVE SUITE 360 POMPAN0 BEACH, FL 33069 US		Mailing Address 13757 N.W. 20TH STREET PEMBROKE PINES, FL 33028 US	
2. Principal Place of Business 150 SW 12TH AVE Suite, Apt. #, etc. SUITE 360 City & State POMPAN0 BEACH, FL. Zip 33069 Country US		3. Mailing Address 150 SW 12TH AVE Suite, Apt. #, etc. SUITE 360 City & State POMPAN0 BEACH, FL. Zip 33069 Country US	
4. FEI Number 65-1039205		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLUCK, BARBARA 13757 N.W. 20TH STREET PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name GLUCK, BARBARA Street Address (P.O. Box Number is Not Acceptable) 150 SW 12TH AVE City POMPAN0 BEACH FL Zip Code 33069	
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 <u><i>Barbara Gluck</i></u> DATE <u>3/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	PSTD GLUCK, BARBARA 13757 N.W. 20TH STREET PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GLUCK, BARBARA 150 SW 12TH AVE POMPAN0 BEACH, FL. 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Barbara Gluck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/22/04</u> (954) 946-0083 FAX <u>0038</u>	