


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000105309
 1. Entity Name
 MARION MEDICAL EQUITY INVESTORS CORPORATION



Principal Place of Business Mailing Address
 3399 PGA BOULEVARD #240 3399 PGA BOULEVARD #240
 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1121573 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GALGANO, JAMES V
 3399 PGA BOULEVARD
 SUITE 240
 PALM BEACH GARDENS, FL 33410

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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 \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SINA, MALCOLM S 3399 PGA BLVD, STE 240 PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST GALGANO, JAMES V 3399 PGA BLVD, STE 240 PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/30/04-80045-013 158.75

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 Daytime Phone #