
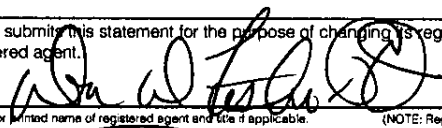
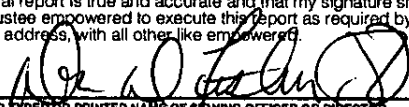


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90027 044 ***150.00

DOCUMENT # P00000106561 1. Entity Name CUTTING EDGE MEDICAL GROUP, INC.																													
Principal Place of Business 1600 S FEDERAL HWY. STE 640 POMPANO BEACH, FL 33062			Mailing Address 1600 S FEDERAL HWY. STE 640 POMPANO BEACH, FL 33062																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		01052004 Chg-P CR2E034 (10/03)																									
4. FEI Number 65-1057974				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 FISHER, DONALD D.O. 2425 SUNRISE KEY BLVD FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1335 SE 3RD AVENUE City POMPANO FL Zip Code 33060																										
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  DATE 1/5/04 <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FISHER, D.O., DON D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2425 SUNRISE KEY BLVD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE, FL 33304</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	FISHER, D.O., DON D		STREET ADDRESS	2425 SUNRISE KEY BLVD		CITY - ST - ZIP	FORT LAUDERDALE, FL 33304		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: 			Date 1/05/04 (954) 781-7044																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													