

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000004586	
1. Entity Name NORTHWEST MEDICAL GROUP, INC.	



Principal Place of Business 3191 CORAL WAY, STE. 303 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY, STE. 303 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1072398	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 KLEIN, BRENT D 801 BRICKELL AVE., #1901 MIAMI, FL 33131
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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 _____

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	000000094990 03/24/04-80015-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAS, JOSE 3191 CORAL WAY, STE. 303 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, EDUARDO 3191 CORAL WAY, STE. 303 MIAMI, FL 33145
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TITLE 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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #