
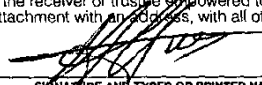


FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90013 014 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000006252			
1. Entity Name INTEGRAL MEDICINE GROUP INC.			
Principal Place of Business 315 WEST 9TH STREET HIALEAH, FL 33010		Mailing Address 315 WEST 9TH STREET HIALEAH, FL 33010	
2. Principal Place of Business 747 Ponce de Leon Blvd Suite, Apt. #, etc. 503A		3. Mailing Address PO Box 111570 Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State Hialeah, Florida	
Zip 33134		Zip 33011-1570	
Country Miami-Dade		Country Miami-Dade	
4. FEI Number 65-1090161		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, CAROLINA 315 WEST 9TH STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address P.O. Box Number is Not Acceptable 747 Ponce de Leon Blvd Suite 503-A City Coral Gables FL Zip Code 33134	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, HUMBERTO J MD 315 WEST 9TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 747 Ponce de Leon Blvd Suite 503-A Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4/01/04 305-885-3111 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			