

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011477

Entity Name: PRIME MEDICAL GROUP, INC.

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

111 SW 5TH AVE.
MIAMI, FL 331301344

New Principal Place of Business:

Current Mailing Address:

200 EDGEWATER DR.
CORAL GABLES, FL 331336622

New Mailing Address:

FEI Number: 65-1079905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHAN, LAURENCE J
2511 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 331346082 US

Name and Address of New Registered Agent:

JUDE, SALLYE G
200 EDGEWATER DRIVE
CORAL GABLES, FL 331336622 US

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.

SIGNATURE: SALLYE G. JUDE

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUDE, JAMES R
Address: 111 SW 5TH AVE.
City-St-Zip: MIAMI, FL 331301344

Title: VD () Delete
Name: REID, EDWARD
Address: 111 SW 5TH AVE.
City-St-Zip: MIAMI, FL 331301344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. JUDE

PRES

02/10/2005

Electronic Signature of Signing Officer or Director

Date