

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90012 023 \*\*\*150.00

<b>DOCUMENT # P01000036484</b>					
<b>1. Entity Name</b> AAA MEDICAL GROUP, INC.					
<b>Principal Place of Business</b> 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 MIAMI, FL 33134			<b>Mailing Address</b> 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 MIAMI, FL 33134		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country			
<b>4. FEI Number</b> 65-1094133			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  MENDEZ, ANDRES 3940 WEST FLAGLER ST STE 202 MIAMI, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name: <u>Andres Mendez</u> Street Address (P.O. Box Number is Not Acceptable): <u>3940 WEST FLAGLER ST</u> <u>2ND Floor suite 202</u> City: <u>MIAMI</u> FL                      Zip Code: <u>33134</u>		
<b>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.</b>  SIGNATURE: <u>[Signature]</u> <u>Andres Mendez</u> <u>2/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PD NAME: PERDOMO, OMAYDA STREET ADDRESS: 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 CITY-ST-ZIP: MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE: <u>MENDEZ, ANDRES</u> NAME: <u>MENDEZ, ANDRES</u> STREET ADDRESS: <u>3940 WEST FLAGLER ST #202</u> CITY-ST-ZIP: <u>MIAMI FL 33134</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: MENDEZ, ANDRES STREET ADDRESS: 3940 WEST FLAGLER ST #202 CITY-ST-ZIP: MIAMI, FL 33134	<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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/12/04</u> <small>Date</small>		<u>305-7745707</u> <small>Daytime Phone #</small>