

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039016

FILED
Jan 21, 2004
Secretary of State

Entity Name: BOSTON MEDICAL GROUP, INC.

Current Principal Place of Business:

498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

P. O. BOX 14790
IRVINE, CA 926234790 US

FEI Number: 52-2325839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUOC, HA
498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FL 32701

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HA, QUOC
Address: 3 PARK PLAZA 430
City-St-Zip: IRVING, CA 92614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HA, QUOC
Address: P. O. BOX 14790
City-St-Zip: IRVING, CA 926234790 US

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: QUOC HA

PRES

01/21/2004

Electronic Signature of Signing Officer or Director

Date