


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000058160</b> 1. Entity Name <b>CERTIFIED MEDICAL ASSIGNMENTS, INCORPORATED</b>	
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Principal Place of Business <b>873 W BAY DR #186</b> <b>LARGO, FL 33770</b>	Mailing Address <b>873 W BAY DR #186</b> <b>LARGO, FL 33770</b>
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04152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3724939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MASTEN, LAWRENCE</b> <b>873 W BAY DR #186</b> <b>LARGO, FL 33770</b>
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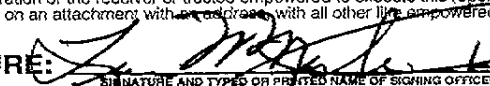
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4-20-04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>MASTEN, LAWRENCE</b> <b>873 W BAY DR #186</b> <b>LARGO, FL 33770</b>
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04/22/04-80036-020 150.00

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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 line empowered.	
SIGNATURE: 	DATE <b>4-20-04</b> DAYTIME PHONE # <b>727-595-6578</b>