


2004 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00419-2004 90365 004 ***150.00
04 MAY 13 AM 9:38

DOCUMENT # P01000068835

1. Entity Name
MOBILE MEDICAL ADVANTAGE INC.



Principal Place of Business
**1850 LEE ROAD
320
WINTER PARK, FL 32789**

Mailing Address
**1850 LEE ROAD
320
WINTER PARK, FL 32789**


2. Principal Place of Business
1 Purkieu Place
Suite, Apt. #, etc.
131

3. Mailing Address
1 Purkieu Place
Suite, Apt. #, etc.
131

City & State
Winter Park Florida

Zip
32792

Country
Orange



04132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3732389

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RODRIGUEZ, MARLENE
1850 LEE ROAD
SUITE 320
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
**Marlene Rodriguez
14325 Waterford Chase Pkwy
Orlando FL 32828**

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: *Marlene Rodriguez* **4/12/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD TORRES-RODRIGUEZ, MARLENE 14325 WATERFORD CHASE PKWY ORLANDO, FL 32828 <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	VD RODRIGUEZ, PAUL 14325 WATERFORD CHASE PKWY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Marlene Rodriguez* **4/12/04 321-303-6156**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #