



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90043 035 ***150.00

DOCUMENT # P01000083326 1. Entity Name MEDICAL ESCROW CONSULTANTS, INC.					
Principal Place of Business 601 N. NEW YORK AVE. WINTER PARK, FL 32789			Mailing Address 601 N. NEW YORK AVE. WINTER PARK, FL 32789		
2. Principal Place of Business 601 N. NEW YORK AVE Suite, Apt. #, etc. # 201 City & State WINTER PARK FL Zip 32789		3. Mailing Address 601 N. NEW YORK AVE Suite, Apt. #, etc. # 201 City & State WINTER PARK FL Zip 32789			
Country ORANGE		Country ORANGE		4. FEI Number 59-3040150	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		
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.			Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME BASKETT, R STREET ADDRESS 601 N NEW YORK AVENUE STE 201 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE VP NAME R. BARKETT STREET ADDRESS 601 N. NEW YORK AVENUE STE 201 CITY-ST-ZIP WINTER PARK FL 32789	<input checked="" 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	
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	
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: 			02.12.04 4074474300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

34010400



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