2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P01000084581

Entity Name: M & D MEDICAL SERVICES, INC.

Current Principal Place of Business:

757 SE 17TH STREET
SUITE 453
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

757 SE 17TH STREET
SUITE 453
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1133641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAIDENFISH, ALEXSANDR
757 SE 17TH STREET
SUITE 453
FT LAUDERDALE, FL 33316 US

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: PD ( ) Delete
Name: SHAIDENFISH, ALEXSANDR
Address: 757 S.E. 17TH ST., STE.453
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAIDENFISH, ALEXSANDR
Address: 757 S.E. 17TH STREET, SUITE 453
City-St-Zip: FT. LAUDERDALE, FL 33316

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: ALEXSANDR SHAIDENFISH PD 04/23/2004

Electronic Signature of Signing Officer or Director — Date