

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090413

Entity Name: CASEMED1, INC.

FILED
Apr 25, 2004
Secretary of State

Current Principal Place of Business:

12905 IXORA RD.
NORTH MIAMI, FL 33181

New Principal Place of Business:

1234 S. DIXIE HIGHWAY
332
CORAL GABLES, FL 33146

Current Mailing Address:

12905 IXORA RD.
NORTH MIAMI, FL 33181

New Mailing Address:

1234 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146

FEI Number: 54-2052802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIRD, STEVEN K
6301 BISCAYNE BLVD., SUITE 208
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

BAIRD, STEVEN K
5981 N.E. SIXTH AVENUE
MIAMI, FL 33137 US

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:

04/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SZYMANSKI, JILL
Address: 12905 IXORA RD.
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SZYMANSKI, JILL
Address: 1234 S. DIXIE HIGHWAY # 332
City-St-Zip: CORAL GABLES, FL 33146

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: JILL M. SZYMANSKI

PRES

04/25/2004

Electronic Signature of Signing Officer or Director

Date