

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000109274

1. Entity Name
MEDICAL-ENTERPRISE DEVELOPMENT GROUP, INC.



Principal Place of Business
105 OCEAN'S EDGE DRIVE
PONTE VEDRA BEACH, FL 32082

Mailing Address
105 OCEAN'S EDGE DRIVE
PONTE VEDRA BEACH, FL 32082

**FILED
May 03, 2004 08:00 AM
Secretary of State**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

1000000150361
05/04/04-80003-008 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME PERRY, JOHN
STREET ADDRESS 105 OCEAN'S EDGE DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME PERRY, BARBARA
STREET ADDRESS 105 OCEAN'S EDGE DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

John R. Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

904-283-2755

Daytime Phone #