


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90234 015 \*\*\*150.00

DOCUMENT # P02000009906

1. Entity Name  
 MED LIFE GROUP, INC.



Principal Place of Business      Mailing Address

2400 W CYPRESS CREEK RD      2400 W CYPRESS CREEK RD  
 SUITE 100      SUITE 100  
 FORT LAUDERDALE, FL 33309      FORT LAUDERDALE, FL 33309

**94074686**

2. Principal Place of Business      3. Mailing Address

**600 N PINE ISLAND RD**      **P.O. Box 653955**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 450**

City & State      City & State

**PLANTATION - FL**      **MIAMI - FL**

Zip      Country      Zip      Country

**33324**      **US**      **33265**      **US**



04212004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**04-3597062**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MEJIA, BELKYS S**  
~~2400 W CYPRESS CREEK RD~~  
~~SUITE 100~~  
~~FORT LAUDERDALE, FL 33309~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**600 N PINE ISLAND**

**SUITE 450**

City      State      Zip Code

**PLANTATION**      **FL**      **33324**

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]*      DATE: **4/26/04**

Signature, typed or printed name of registered agent and date is acceptable. (NOTE: Registered Agent signature required when reinstating.)

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MEJIA, BELKYS S	
STREET ADDRESS	<del>2400 W CYPRESS CREEK RD, STE. 100</del>	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33309</del>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERDOMD, FREDIS G	
STREET ADDRESS	<del>2400 W CYPRESS CREEK RD, STE. 100</del>	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33309</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>600 N PINE ISLAND SUITE 450</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>600 N PINE ISLAND SUITE 450</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      DATE: **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #