


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 2400 W CYPRESS CREEK RD SUITE 100 FORT LAUDERDALE, FL 33309	Mailing Address 2400 W CYPRESS CREEK RD SUITE 100 FORT LAUDERDALE, FL 33309
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94074686

2. Principal Place of Business 600 N PINE ISLAND RD	3. Mailing Address P.O. Box 653955
Suite, Apt. #, etc. SUITE 450	Suite, Apt. #, etc.
City & State PLANTATION - FL	City & State MIAMI - FL
Zip 33324	Country US



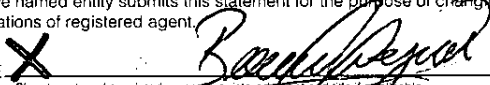
04212004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3597062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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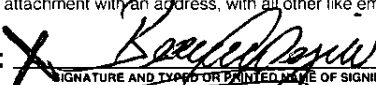
6. Name and Address of Current Registered Agent MEJIA, BELKYS S 2400 W CYPRESS CREEK RD SUITE 100 FORT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 N PINE ISLAND SUITE 450 City PLANTATION FL Zip Code 33324	
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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 	DATE 4/26/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEJIA, BELKYS S 2400 W CYPRESS CREEK RD, STE. 100 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 N PINE ISLAND SUITE 450 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PERDOMD, FREDIS G 2400 W CYPRESS CREEK RD, STE. 100 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 N PINE ISLAND SUITE 450 PLANTATION FL 33324
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: 	DATE 4/26/04