

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91882 048 ***150.00

0225144

DOCUMENT # **P02000009906**

1. Entity Name
MED LIFE GROUP, INC.



Principal Place of Business
**2937 S.W. 35TH STREET
MIAMI FL 33139**

Mailing Address
**2937 S.W. 35TH STREET
MIAMI FL 33139**

2. Principal Place of Business
**2400 W CYPRESS CREEK RD
SUITE 100**

3. Mailing Address
**2400 W CYPRESS CREEK RD.
SUITE 100**



CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE FL

Zip
33309

Country
U.S.A

City & State
FORT LAUDERDALE FL

Zip
33309

Country
USA

4. FEI Number
04-3597062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEJIA, BELKYS S.
2937 S.W. 35TH STREET
MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name: **MEJIA, BELKYS S.**

Street Address (P.O. Box Number is Not Acceptable) -
2400 W CYPRESS CREEK RD - SUITE 100

City **FORT LAUDERDALE FL** Zip Code **33309**

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 **X** *Belkys Mejia*

APR 21 2003

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **MEJIA, BELKYS S.**
STREET ADDRESS **14404 S.W. 47TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE Change Addition
NAME **MEJIA BELKYS S.**
STREET ADDRESS **2400 W CYPRESS CREEK RD - SUITE 100**
CITY-ST-ZIP **FORT LAUDERDALE - FL 33309**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **FREDIS G. AERLDOMO**
STREET ADDRESS **2400 W. CYPRESS CREEK RD - SUITE 100**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33309**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **X** *Belkys Mejia* **REQUIRE BELKYS S. MEJIA APR 21 2003** **(305) 922-5161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)