



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90009 037 \*\*\*150.00

<b>DOCUMENT # P02000012831</b> 1. Entity Name <b>MEDICHOICE, INC.</b>					
Principal Place of Business <b>8289 BALGOWAN RD MIAMI LAKES, FL 33016</b>			Mailing Address <b>8289 BALGOWAN RD MIAMI LAKES, FL 33016</b>		
2. Principal Place of Business <b>6175 NW 153 ST</b> Suite, Apt. #, etc. <b>923</b>		3. Mailing Address <b>6175 NW 153 ST</b> Suite, Apt. #, etc. <b>923</b>			
City & State <b>MIAMI LAKES FL</b>		City & State <b>MIAMI LAKES FL</b>		4. FEI Number <b>04-3605857</b>	
Zip <b>33014</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTRO, JUAN 8289 BALGOWAN RD MIAMI LAKES, FL, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>JUAN CASTRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>16612 NW 71 CT</b> City <b>MIAMI LAKES FL</b> Zip Code <b>33014</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DE LEON, MARIA C RPT</b> <b>16612 NW 71 CT</b> <b>MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b> <b>JUAN CASTRO</b> <b>16612 NW 71 CT</b> <b>MIAMI LAKES FL 33014</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CASTRO, JUAN F</b> <b>8289 BALGOWAN RD</b> <b>MIAMI LAKES, FL 33016</b> <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.					
<b>SIGNATURE: <u>Juan F Castro / JUAN F CASTRO</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>09/09/04</b> Time Phone # <b>305-300-0635</b>		

MediChoice Inc  
6175 NW 153 Street, Suite 223  
Miami Lakes, FL 33014  
305-698-2273

Attachment  
24685064

9/9/2004

Division of corporation  
Tallahassee, FL  
Ref: P02000012831

Dear Sirs:

Please accept my apologizes for filling late the Annual Business Report, but this form was never forwarded to my new business address.

For any question please contact me at 305-300-0635

Sincerely

*Juan F. Castro*  
Juan F. Castro  
MediChoice Inc.