

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90103 003 ***150.00

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07212005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000020578 1. Entity Name MEDCLUSIVES, P.A.					
Principal Place of Business 19195 MYSTIC POINT APT 2704 AVENTURA, FL 33180			Mailing Address 19195 MYSTIC POINT APT 2704 AVENTURA, FL 33180		
2. Principal Place of Business 6720 SW 63 ave Suite, Apt. #, etc.		3. Mailing Address 6720 SW 63 ave Suite, Apt. #, etc.			
City & State S. Miami FL Zip 33143		City & State S. Miami FL Zip 33143		4. FEI Number 01-0624638 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NERETTE, JEAN-CLAUDE MD 19195 MYSTIC POINT APT 2704 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6720 SW 63 ave City S. Miami FL Zip Code 33143		
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 7/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NERETTE, JEAN-CLAUDE M.D. 19195 MYSTIC POINT, APT 2704 AVENTURA, FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6720 SW 63 ave S. Miami, FL 33143 <input checked="" 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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/22/05 305-321-2250 <small>Date Daytime Phone #</small>		