


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P02000036511 1. Entity Name SEA N LAND MEDICAL MANAGEMENT, INC. |  |
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| Principal Place of Business PO BOX 451627 FORT LAUDERDALE, FL 33345-1627 | Mailing Address PO BOX 451627 FORT LAUDERDALE, FL 33345-1627 |
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 03-0419304 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**KING, STEPHANIE E
7797 N UNIVERSITY DRIVE # 205
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000340447 04/28/05-80117-023 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KING, STEPHANIE E PO BOX 451627 FORT LAUDERDALE, FL 333451627 |
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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: *Stephanie E. King* (**STEPHANIE E. KING**) **04/24/05** **954 746-5900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #