
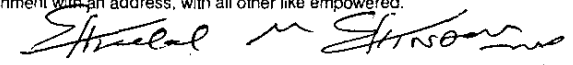


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90470 049 \*\*\*150.00

<b>DOCUMENT # P02000072469</b> 1. Entity Name <b>CONVENIENT MEDICAL SERVICES, INC.</b>																											
Principal Place of Business <b>4081 NINTH STREET NORTH SUITE C-101 NAPLES, FL 34103</b>		Mailing Address <b>4081 NINTH STREET NORTH SUITE C-101 NAPLES, FL 34103</b>																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State -Zip- Country-		City & State -Zip- Country-																									
4. FEI Number <b>57-1185562</b> <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>BURANDT, ROBERT B ESQ. 1714 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 constituting) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D <b>SHINDORE, SHREELAL M M.D.</b></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>29-6900 DANIELS PARKWAY, SUITE 352</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>FORT MYERS, FL 33912</b></td> </tr> </table>		TITLE	D <b>SHINDORE, SHREELAL M M.D.</b>	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	<b>29-6900 DANIELS PARKWAY, SUITE 352</b>		CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																											
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
<small>Date</small>		<small>Daytime Phone #</small>																									