## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State

AIIIOAE ILLI OILI								
DOCUMENT # P0200 1. Entity Name DIGITALMED CORP	00082460	•						
Principal Place of Business 4210 NW 4TH ST MIAMI, FL 33126 US	Mailing Address 4210 NW 4TH ST MIAMI. FL 33126	US						
Millian, L 33/LO 33	minum, 12 33120	03						



## DO NOT WRITE IN THIS SPACE

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0419386

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BARCALA, ROBERTO P JR 11921 S.W. 7 STREET PEMBROKE PINES, FL 33025

SIGNATURE

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the points of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstalling) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<del></del>	
FITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARCALA, ROBERTO P 11921 S.W. 7 ST. PEMBROKE PINES, FL 33025				(#1989-1014)74) (#1298-14-30-32-346-156-15	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					20 to 100 to 100 to 200 to 100 to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY - ST - ZIP						
12. I hereby indicated of the column changed	certify that the information supplied with this to this report to supplemental registration the receiver or therese impowered, or op an attachment with an address, with a	iling dees not qualify for the exer and accurate and that my signal d to execute this report as requi lighter like empowered.	mption state ture shall ha red by Chap	ed in Section 119.07(3) eve the same legal effector 607. Florida Statut	(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or directores, and that my name appears in Block 10 or Block 11 if	

ALESION