
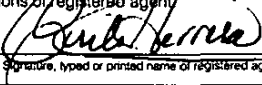



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90396 006 ***150.00

DOCUMENT # P02000104958 1. Entity Name GENERAL MEDICINE GROUP, INC.					
Principal Place of Business 5040 NW 7 ST, STE 680 MIAMI, FL 33126			Mailing Address 5040 NW 7 ST, STE 680 MIAMI, FL 33126		
2. Principal Place of Business 1566 SW 1st Street		3. Mailing Address 13713 SW 9 Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State MIAMI, FL		4. FEI Number 02-0645422	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33184		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, J. EVERETT 2151 LEJEUNE ROAD MEZZANINE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name CIRILO HERRERA Street Address (P.O. Box Number is Not Acceptable) 3326 Flagler Ave City Key West FL Zip Code 33040		
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  CIRILO HERRERA 4-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D GOTI, JOSE J M.D. 5040 NW 7TH STREET, SUITE 680 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JACOBO, ANA H 5040 NW 7TH STREET, SUITE 680 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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:  ANA H. JACOBO 4-27-05 (305) 216-6205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					