2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113320

3122 NAUTILUS RD

MIDDLEBURG, FL 32068

Address:

City-St-Zip:

MEDICAL ALLIANCE ODOLID

FILED Apr 05, 2004 Secretary of State

Entity Name: MEDICAL ALLIANCE GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 1543 KINGSLEY AVENUE **BUILDING 4** ORANGE PARK, FL 32073 **New Mailing Address: Current Mailing Address:** 1543 KINGSLEY AVENUE **BUILDING 4** ORANGE PARK, FL 32073 FEI Number: 36-4512328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE, FL 32207 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WINTON, HERSCHEL B III Name: Name: 3122 NAUTILUS RD Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: () Delete Title: VST Title: () Change () Addition Name: WINTON, DENISE Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERSCHEL B. WINTON, III PRES 04/05/2004