


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**  
04-30-2004 90272 021 \*\*\*150.00

<b>DOCUMENT # P02000126186</b>	
<b>1. Entity Name</b> MEDICAL CONTINUING EDUCATION, INC.	

<b>Principal Place of Business</b> 230 SOUTH POWERLINE ROAD #4 DEERFIELD BEACH FL 33442	<b>Mailing Address</b> 230 SOUTH POWERLINE ROAD #4 DEERFIELD BEACH FL 33442
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 90-0055692	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ROTHMAN, LEE MAX 2295 CORPORATE BOULEVARD N.W. SUITE 110 BOCA RATON FL 33431
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P	<input type="checkbox"/> Delete
<b>NAME</b> GARUZ, LUIS	
<b>STREET ADDRESS</b> 230 SOUTH POWERLINE RD STE 4	
<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33442	
<b>TITLE</b> VP	<input type="checkbox"/> Delete
<b>NAME</b> GARUZ, LINDA	
<b>STREET ADDRESS</b> 230 SOUTH POWERLINE RD STE 4	
<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33442	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Garcia, Luis	
<b>STREET ADDRESS</b> 230 South Powerline Rd #4	
<b>CITY-ST-ZIP</b> Deerfield Bch FL 33442	
<b>TITLE</b> VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Garcia, Linda	
<b>STREET ADDRESS</b> 230 South Powerline Rd #4	
<b>CITY-ST-ZIP</b> Deerfield Bch FL 33442	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>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>	
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<b>SIGNATURE:</b> 	<b>4-20-04</b> Date	<b>9344218814</b> Daytime Phone #
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		

94076630



MOORE CR2E034 (11/03)