2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P03000001571

Entity Name: MED-HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

821 NW 89TH TERRACE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

821 NW 89TH TERRACE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 04-3731196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AFZAL, JAVED
821 NW 89TH TERRACE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: AFZAL, JAVED
Address: 821 NW 89TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD (X) Delete
Name: MADHUKAR, JOEL
Address: 8209 NW 8TH STREET
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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: JAVED AFZAL PD 01/08/2004

Electronic Signature of Signing Officer or Director Date