


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90007 014 ***150.00

DOCUMENT # P03000007578
 1. Entity Name
MEDICAL ARTS & TECHNOLOGY SERVICES, P.A.

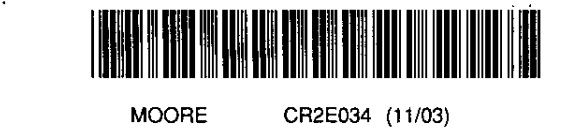


Principal Place of Business Mailing Address
26-E RACETRACK ROAD NW **26-E RACETRACK ROAD NW**
FORT WALTON BEACH FL 32547 **FORT WALTON BEACH FL 32547**

2. Principal Place of Business 3. Mailing Address
26 E Racetrack Rd, NW **26 E Racetrack Rd, NW**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft Walton Beach, FL **Ft Walton Beach, FL**

Zip Country Zip Country
32547 **USA** **32547** **USA**



6. Name and Address of Current Registered Agent
MARTIN, JAMES P DR
26-E RACETRACK ROAD NW
FORT WALTON BEACH FL 32547

4. FEI Number Applied For
71-0925778 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MARTIN, JAMES P DR
STREET ADDRESS	26-E RACETRACK ROAD NW
CITY-ST-ZIP	FORT WALTON BEACH FL 32547
TITLE	D <input type="checkbox"/> Delete
NAME	LA FORCE, REGINA K
STREET ADDRESS	12275 JACKSON LANE
CITY-ST-ZIP	GRAND BAY AL 36541
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *X James P Martin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *X 12 FEB 2004* Daytime Phone # *850/862/4009*