
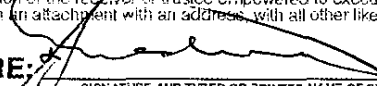


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90085 032 \*\*\*150.00

<b>DOCUMENT # P03000007832</b> 1. Entity Name <b>MEDICAL DIRECTIONS OF SOUTH FLORIDA, P.A.</b>					
Principal Place of Business <b>6803 SOUTH GRANDE DRIVE BOCA RATON, FL 33433</b>			Mailing Address <b>6803 SOUTH GRANDE DRIVE BOCA RATON, FL 33433</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">57-1146035</div> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03082004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MEDNICK, STEVEN MD 6803 SOUTH GRANDE DRIVE BOCA RATON, FL 33433</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="font-family: cursive;">DIRECTOR STEVEN MEDNICK 6803 South Grande Drive Boca Raton FL 33433</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <div style="font-size: 1.2em; font-family: cursive;">3/8/04</div> Daytime Phone: <div style="font-size: 1.2em; font-family: cursive;">561-852-2293</div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					