

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013290

FILED  
Jun 03, 2004  
Secretary of State

**Entity Name:** MEDICAL CONTRACTING STRATEGIES, INC.

**Current Principal Place of Business:**

4904 DUCK CREEK LANE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

4904 DUCK CREEK LANE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 54-2099655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUIPER, KENNETH A  
4904 DUCK CREEK LANE  
PONTE VEDRA BEACH, FL 32082 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: KUIPER, KENNETH A MR  
Address: PO BOX 2993  
City-St-Zip: PONTE VEDRA, FL 32004 US

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: KENNETH A. KUIPER

PRES

06/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date