2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000022965

Entity Name: PROFESSIONAL MEDICAL ALLIANCE, INC..

Current Principal Place of Business:

650 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

650 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 04-3750586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRATT, SAM
650 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: PRATT, SAM
Address: 650 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Change (X) Addition
Name: PRATT, MARY S
Address: 650 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: SAM PRATT P 04/26/2004

Electronic Signature of Signing Officer or Director — Date