


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State


02-02-2004 90037 047 ***150.00

DOCUMENT # P03000030047	
1. Entity Name SHOCK DOC, INC.	

Principal Place of Business 5122 NORTHRIDGE ROAD UNIT 303 SARASOTA, FL 34238	Mailing Address 5122 NORTHRIDGE ROAD UNIT 303 SARASOTA, FL 34238
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 850
City & State	City & State Osprey, Florida
Zip	Country
	Zip 34229-0850

44006454



01292004 Chg-P CR2E034 (10/03)

4. FEI Number 37-1467854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGDON, ALLEN E PH.D. 125 FIRST AVENUE NOKOMIS, FL 34275	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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D, P, S, T
NAME	LEE, MICHAEL H	NAME	Lee, Michael H.
STREET ADDRESS	5122 NORTHRIDGE ROAD UNIT 303	STREET ADDRESS	5122 Northridge Road, Unit 303
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	Sarasota, FL 34238
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael H Lee, MD, Pres. **January 28, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #