04/08/2004 14:49 4078573893738 BORNSTEIN

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Secretary of State
04-19-2004 90237 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000031808

Entity Name
MG THERAPY INC.
MG THERAPY INC

54035015

Principal Place of Business
424 SW 11TH PL
BOCA RATON, FL 33432

Mailing Address
424 SW 11TH PL
BOCA RATON, FL 33432

2. Principal Place of Business: 11573 Orange Blossom Lane
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33428 Country: USA

3. Mailing Address: 11573 Orange Blossom Lane
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33428 Country: USA

04142004 Chg-P CR2E034 (10/03)

4. FEI Number: 03-0516995 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLINER MELISSA
424 SW 11TH PL
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Melissa Gliner
Street Address (P.O. Box Number is Not Acceptable): 11573 Orange Blossom Lane
City: Boca Raton FL Zip Code: 33428

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: Melissa Gliner — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4-15-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GLINER, MELISSA	
STREET ADDRESS	424 SW 11TH PL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Melissa Gliner — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-15-04 Daytime Phone #: 561 451-1467