2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033300

Address:

City-St-Zip:

1801 N FLAGLER DRIVE #439

WEST PALM BEACH, FL 33407

FILED Apr 30, 2004 Secretary of State

Entity Nar	me: MEDICA	AL MALPRACTICE SOLUTION	NS, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
3300 NE 2 MIAMI, FL	ND AVENUE 33137	#83				
Current Mailing Address:				New Mailing Address:		
3300 NE 2 MIAMI, FL	ND AVENUE 33137	#83		1717 N BAYSHORE DRIVE #2856 MIAMI, FL 33132		
FEI Number:	: 65-1176841	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ZAPETIS, 1717 N BA MIAMI, FL	YSHORE DR	RIVE #2856				
	named entity e of Florida.	submits this statement for the	e purpose of chang	ing its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Registered A	gent		Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ZAPETIS, KAI	HORE DRIVE #2856	Title: Name: Address City-St-2		() Change () Addition	
Title: Name:	PD (CECCHINI, W) Delete 'ALTER	Title: Name:	PD CECCHINI	(X) Change()Addition , WALTER	

Address:

City-St-Zip:

5801 FOUNTAIN DRIVE SOUTH

LAKE WORTH, FL 33467

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: KAREN ZAPETIS SD 04/30/2004