

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039651

FILED
Nov 19, 2004
Secretary of State

Entity Name: MAINSTREET MEDICAL CENTER INC.

Current Principal Place of Business:

8723 INTERNATIONAL DRIVE
115
ORLANDO, FL 32819

New Principal Place of Business:

8723 INTERNATIONAL DRIVE
SUITE 115
ORLANDO, FL 32819 US

Current Mailing Address:

8723 INTERNATIONAL DRIVE
115
ORLANDO, FL 32819

New Mailing Address:

8723 INTERNATIONAL DRIVE
SUITE 115
ORLANDO, FL 32819 US

FEI Number: 11-3683993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAZEMORE, E J
8723 INTERNATIONAL DR.
115
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

BAZEMORE, E J
8723 INTERNATIONAL DR.
SUITE 115
ORLANDO, FL 32819 US

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: E.J. BAZEMORE

11/19/2004

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: MR () Delete
Name: BAZEMORE, E J
Address: 8723 INTERNATIONAL DR., #115
City-St-Zip: ORLANDO, FL 32859

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: BAZEMORE, E J
Address: 8723 INTERNATIONAL DR., #115
City-St-Zip: ORLANDO, FL 32819 US

Title: MS () Change (X) Addition
Name: GAUCHAT, DIANA S
Address: 8723 INTERNATIONAL DR., #115
City-St-Zip: ORLANDO, FL 32819 US

Title: MS () Change (X) Addition
Name: PALAZZOLO, ARLENE
Address: 8723 INTERNATIONAL DR., #115
City-St-Zip: ORLANDO, FL 32819 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: E.J. BAZEMORE

MR

11/19/2004

Electronic Signature of Signing Officer or Director

Date