


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048275

1. Entity Name
4 NEW MEDICAL CONCEPT INC.



FILED

04 APR 23 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

P O BOX 557432 **P O BOX 557432**
MIAMI, FL 33255 **MIAMI, FL 33255**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04222004 Chg-P CR2E034 (10/03) 04

6. Name and Address of Current Registered Agent

FRAGA, MANUEL JR
2900 PALM AVE.
HIALEAH, FL 33012

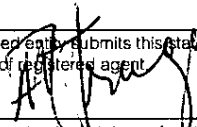
7. Name and Address of New Registered Agent

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:  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	VDS ARANGO, LIZETTE P O BOX 557432 MIAMI, FL 33255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAGA, MANUEL JR P O BOX 557432 MIAMI, FL 33255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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:  Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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