2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P03000048275** 4 NEW MEDICAL CONCEPT INC. 04 APR 23 PH 12: 58 SECRETARY OF STATE TALLAHASSI ELFLORIDA 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. CR2E034 (10/03) 04222004 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRAGA, MANUEL JR Street Address (P.O. Box Number is Not Acceptable) 2900 PALM AVE. HIALEAH, FL 33012 Zip Code City FL ubmits 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 8. The above named a the obligations of SIGNATURE Signature, typed or partied name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 900035723949 ^{□M} 05/06/04--01071--021 **150.00 VDS Addition 🔲 TITLE Delete TITLE ARANGO, LIZETTE NAME NAME P O BOX 557432 STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33255 PD TITLE ☐ Defete TITLE ☐ Change ☐ Addition FRAGA, MANUEL JR NAME NAME STREET ADDRESS P O BOX 557432 STREET ADDRESS MIAMI, FL 33255 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change | Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE THILE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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:** Daytime Phone # RINTED NAME OF SIGNING OFFICER OR DIRECTOR Date