

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048512

**FILED
Jan 13, 2004
Secretary of State**

Entity Name: MEDPRO CONSULTANTS INC.

Current Principal Place of Business:

P.O. BOX 145117
CORAL GABLES, FL 331145117

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 145117
CORAL GABLES, FL 331145117

New Mailing Address:

FEI Number: 20-0011431 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)

Name and Address of Current Registered Agent:

GARCIA, BELKIS L
5068 ANDREA BLVD
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, BELKIS L
Address: 5068 ANDREA BLVD
City-St-Zip: ORLANDO, FL 32807

Title: V () Delete
Name: LOPEZ, CARLOS
Address: 3620 SW 2ND ST
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BELKIS L GARCIA

P

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date