2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050631

FILED Mar 14, 2004 Secretary of State

Entity Name: SCHLAKMAN MEDICAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2548 HUNTERS RUN WAY WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 2548 HUNTERS RUN WAY WESTON, FL 33327 FEI Number: 91-2193449 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: AMERICAN INFORMATION SERVICES, INC. STETTIN, ERIC ESQUIRE 2665 EXÉCUTIVE PARK DRIVE ONE SOUTHEAST THIRD AVENUE 28TH FLOOR WESTON, FL 33331 MIAMI, FL 33131 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: ERIC STETTIN 03/14/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition SCHLAKMAN, BRUCE M.D. Name: Name: 2548 HUNTERS RUN WAY Address: Address: City-St-Zip: City-St-Zip: WESTON, FL 33327 Title: () Delete Title: () Change (X) Addition Name: Name: SCHLAKMAN, CHARNA Address: Address: 2548 HUNTERS RUN WAY WESTON, FL 33327 City-St-Zip: 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: BRUCE SCHLAKMAN P 03/14/2004