

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052439

Entity Name: FLORIDA MEDSEARCH, INC.

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

11065 2ND STREET EAST  
TREASURE ISLAND, FL 33706 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 271329  
TAMPA, FL 33688 US

## New Mailing Address:

FEI Number: 65-1190457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITAKER, MICHAEL A  
1327 ST. ANDREWS DRIVE  
TAMPA, FL 33612 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: PRES ( ) Delete  
Name: HARRELL, JAMES A  
Address: 11065 2ND STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: CFO ( ) Delete  
Name: WHITAKER, MICHAEL A  
Address: 1327 ST. ANDREWS DRIVE  
City-St-Zip: TAMPA, FL 33612 US

Title: VP ( ) Delete  
Name: RYDELL, PAUL A  
Address: 10314 CARROLL SHORE PL.  
City-St-Zip: TAMPA, FL 33612 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: WHITAKER, MICHAEL A  
Address: 1327 ST. ANDREWS DRIVE  
City-St-Zip: TAMPA, FL 33612 US

Title: SEC (X) Change ( ) Addition  
Name: RYDELL, PAUL A  
Address: 10314 CARROLL SHORE PL.  
City-St-Zip: TAMPA, FL 33612 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: JAMES A. HARRELL

PRES

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date