
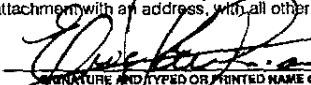


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000061340 1. Entity Name BISCAYNE MEDICAL GROUP, CORP.		
Principal Place of Business 3550 BISCAYNE BLVD STE #508 MIAMI, FL 33137	Mailing Address 3550 BISCAYNE BLVD STE #508 MIAMI, FL 33137	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RIOS, ERICK F 110SW 109 AVE MIAMI, FL 33174		DO NOT WRITE IN THIS SPACE
3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	DP	
NAME	RIOS, ERICK F	
STREET ADDRESS	110 SW 109 AVE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0030066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1100000357382
05/04/05-80071-010 150.00