


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000075569</b> 1. Entity Name <b>MEDICAL THERAPIES, INC.</b>	
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Principal Place of Business <b>7655 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32809</b>	Mailing Address <b>7655 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32809</b>
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**DO NOT WRITE IN THIS SPACE**



08082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-3122482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>
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IN THIS SPACE**

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD KHAN, JUNAID 7655 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WOOD, DALE 7655 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32809</b>
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**UD00000171176  
08/30/04-80007-018 550.00**

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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_