

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000079781

FILED
May 16, 2005
Secretary of State

Entity Name: INPHYCARE MEDICAL GROUP, INC.

Current Principal Place of Business:

7805 SW 24TH STREET, SUITE 107
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7805 SW 24TH STREET, SUITE 107
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-0106608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOURE-DOMECCQ, ELENA ESQ
9260 SUNSET DRIVE, SUITE 205
MIAMI, FL 33173 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNANDEZ, JEFFREY
Address: 7805 CORAL WAY, SUITE 107
City-St-Zip: MIAMI, FL 33155

Title: VPD (X) Delete
Name: REGALADO, RICARDO L
Address: 7805 CORAL WAY, SUITE 107
City-St-Zip: MIAMI, FL 33155

Title: D (X) Delete
Name: DIAZ, ISABELLE
Address: 7805 CORAL WAY, SUITE 107
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, ISABELLE
Address: 7805 CORAL WAY, SUITE 107
City-St-Zip: MIAMI, FL 33155

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: ISABELLE DIAZ

P

05/16/2005

Electronic Signature of Signing Officer or Director

Date