
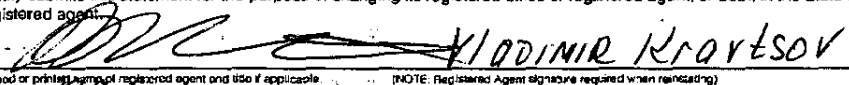



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094758 1. Entity Name A TO Z MEDICAL CENTER INC.			
Principal Place of Business 32 MIDDLEBROOK RD. 2B ORLANDO, FL 32811		Mailing Address 32 MIDDLEBROOK RD. 2B ORLANDO, FL 32811	
2. Principal Place of Business <i>651 Rugby Street</i> Suite, Apt. #, etc. <i>ORLANDO, FL</i> City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip <i>32804</i>	Country <i>ORANGE</i>	4. FEI Number <i>200187546</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAVTSOV, VLADIMIR 6100 ARLINGTON EXPRESS WAY J302 JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and CEO if applicable. (NOTE: Registered Agent signature required when resigning)		DATE <i>4-28-04</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGDESSIAN, RIMMA 22984 E. DORADO DR. DENVER, CO 80015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NUBARIAN, ELINA 1870 RODNEY DR. #4 LOS ANGELES, CA 90027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES EXOUZIAN, KRISTINA 10028 E. ARIZONA DR. #1218 DENVER, CO 80247	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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 <i>4-28-04</i>	

66428612



04282004 Chg-P CR2E034 (10/03)

4. FEI Number *200187546*

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

FILE NOW!!! FEE IS \$150.00
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE
4-28-04