
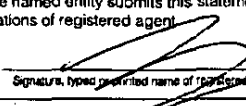
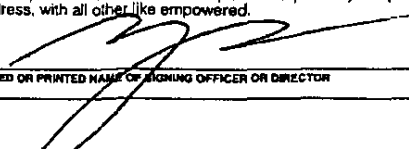


FILED  
May 10, 2004 8:00 am  
Secretary of State

04-22-2004 90072 003 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000099570</b>			
1. Entity Name <b>MEDICAL INFRASTRUCTURE, INC.</b>			
Principal Place of Business <b>9776 S. MILITARY TRAIL, D-2 BOYNTON BCH, FL</b>		Mailing Address <b>9776 S. MILITARY TRAIL, D-2 BOYNTON BCH, FL</b>	
2. Principal Place of Business <b>3795 W. Boynton Bch Blvd Boynton Beach FL</b>		3. Mailing Address <b>3795 W. Boynton Bch Blvd Boynton Beach FL</b>	
Suite, Apt. #, etc. <b>Boynton Beach</b>		Suite, Apt. #, etc. <b>Boynton Beach</b>	
City & State <b>FL</b>		City & State <b>FL</b>	
Zip <b>33436</b>		Country	
Zip <b>33436</b>		Country	
4. FEI Number <b>27-0069320</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>UTRECHT, STEVEN T 2295 CORPORATE BLVD., UNIT 211 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent <b>Mark Freeman MD 3795 W. Boynton Bch Blvd Boynton Beach FL 33436</b>	
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 <b>4-20-04</b>	
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 <b>D FREEMAN, TAMSIN 1281 COCONUT RD. BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Mark Freeman MD 3795 W. Boynton Bch Blvd Boynton Beach, FL 33436</b>	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date <b>4-20-04</b> Daytime Phone # <b>561-736-2001</b>	