2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P03000114657

Entity Name: PRESCRIBE MEDICAL SERVICES, INC.

Current Principal Place of Business:

6221 SW 26TH STREET
MIRAMAR, FL 33023

New Principal Place of Business:

6447 MIAMI LAKES DRIVE
SUITE 210 H
MIAMI LAKES, FL 33014

Current Mailing Address:

6221 SW 26TH STREET
MIRAMAR, FL 33023

New Mailing Address:

18712 NW 27TH AVENUE
APT. 209
MIAMI, FL 33056

FEI Number: 20-0305391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MARLON J
13116 ALEXANDRIA DRIVE
APT. 133
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

WILLIAMS, MARLON J
18712 NW 27TH AVENUE
APT. 209
MIAMI, FL 33056 US

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: MARLON J. WILLIAMS 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, MARLON J
Address: 13116 ALEXANDRIA DRIVE, APT. 133
City-St-Zip: MIAMI, FL 33054 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, MARLON J
Address: 18712 NW 27TH AVENUE, APT. 209
City-St-Zip: MIAMI, FL 33056 US

Title: VP ( ) Change (X) Addition
Name: BROWN, ADAN A
Address: 4404 SW 160TH AVENUE, APT. 824
City-St-Zip: MIRAMAR, FL 33027

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: MARLON J. WILLIAMS P 04/28/2004
Electronic Signature of Signing Officer or Director Date