

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125505

FILED
Apr 13, 2004
Secretary of State

Entity Name: MEDLINK PROFESSIONAL MANAGEMENT GROUP, INC.

Current Principal Place of Business:

8937 NW 176 LANE
MIAMI, FL 33018

New Principal Place of Business:

848 BRICKELL AVENUE
1220
MIAMI, FL 33131

Current Mailing Address:

8937 NW 176 LANE
MIAMI, FL 33018

New Mailing Address:

848 BRICKELL AVENUE
1220
MIAMI, FL 33131

FEI Number: 20-0487064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, LAWRENCE
8937 NW 176 LANE
MIAMI, FL 33018

Name and Address of New Registered Agent:

DURAN, LAWRENCE
1801 NE 2ND AVENUE
MIAMI, FL 33132

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: LAWRENCE DURAN

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURAN, LAWRENCE
Address: 8937 NW 176 LANE
City-St-Zip: MIAMI, FL 33018

Title: VD () Delete
Name: NECRON, JUDITH C
Address: 8937 NW 176 LANE
City-St-Zip: MIAMI, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DURAN, LAWRENCE
Address: 1801 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

Title: VD (X) Change () Addition
Name: NEGRON, JUDITH C
Address: 8937 NW 176 LANE
City-St-Zip: MIAMI, FL 33018

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: LAWRENCE DURAN

PD

04/13/2004

Electronic Signature of Signing Officer or Director

Date