2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132089

Entity Name: MEDIPER HEALTH INC

FILED Aug 17, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12001 SW 188 ST 5673 S.W. 137 AVE MIAMI, FL 33177 US MIAMI, FL 33183 US

Current Mailing Address: New Mailing Address:

PO BOX 771021 PO BOX 770008 MIAMI, FL 33177 MIAMI, FL 33177

FEI Number: 20-0388870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MEDINA, YURI A
 MEDINA, YURI A

 12001 SW 188 ST
 19600 S.W 128 AVE

 MIAMI, FL 33177
 US

 MIAMI, FL 33177
 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: 08/17/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MEDINA, YURI A Name: MEDINA, YURI A

 Name:
 MEDINA, YURI A
 Name:
 MEDINA, YURI A

 Address:
 12001 SW 188 ST
 Address:
 19600 S.W. 128 AVE

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

Title: VP () Delete Title: () Change () Addition
Name: PERDOMO ARLES MD Name:

 Name:
 PERDOMO, ARLES MD
 Name:

 Address:
 15463 SW 137 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33177
 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: YURI A. MEDINA P 08/17/2004