

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162763

Entity Name: SHORES MEDICAL GROUP, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

9999 N.E. 2ND AVE.
SUITE 300
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530193
MIAMI SHORES, FL 33132

New Mailing Address:

P.O. BOX 530193
MIAMI SHORES, FL 33153

FEI Number: 56-2491282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, GARY A
1825 PONCE DE LEON BLVD #387
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GORDON, ROBERT D
510 LIVE OAK LANE
WESTON, FL 33327 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: ROBERT D GORDON

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTSON, GARY A
Address: 1825 PONCE DE LEON BLVD #387
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GORDON, ROBERT D
Address: 510 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327

Title: VP () Change (X) Addition
Name: TALABERT, EUGENE
Address: 15016 NE 6TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33161

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: ROBERT D GORDON

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date