2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P06000138877

Entity Name: MLS PATIENT ADVOCATES, INC

Current Principal Place of Business:

10808 LAKE WINDS COURT
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

10808 LAKE WINDS COURT
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-5854145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLBERG, JONATHAN
10808 LAKE WINDS COUT
BOYNTON BEACH, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOLBERG, JONATHAN
Address: 10808 LAKE WINDS COUT
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOLBERG, JONATHAN I MD
Address: 10808 LAKE WINDS COUT
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JONATHAN I. GOLBERG DR. 04/29/2007

Electronic Signature of Signing Officer or Director Date