2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# P92000014347

Entity Name: FLORIDA MEDICAL QUALITY ASSURANCE, INC.

Current Principal Place of Business:

4350 W. CYPRESS ST., #900
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4350 W. CYPRESS ST., #900
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3155017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONE, T. LOGAN ED.D
4350 W. CYPRESS ST.
SUITE 900
TAMPA, FL 33607 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: CEO ( ) Delete
Name: MALONE, LOGAN EDD.
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

Title: C ( ) Delete
Name: STRINGER, DOUGLAS L M.D.
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

Title: VC ( ) Delete
Name: ASHKAR, FUAD M.D.
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete
Name: STOFFEL, JACK
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

Title: S (X) Delete
Name: REEP, KATHY
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: STRINGER, DOUGLAS L M.D.
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

Title: C (X) Change ( ) Addition
Name: SHAPIRO, LAWRENCE M.D.
Address: 4350 W. CYPRESS ST., #900
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: T.LOGAN MALONE CEO 02/02/2004

Electronic Signature of Signing Officer or Director — Date