


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000007423 1. Entity Name MEDICS MANAGEMENT SERVICES, INC.	
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Principal Place of Business
**351 S. CYPRESS ROAD
SUITE #400
POMPAÑO BEACH, FL 33060-7167**

Mailing Address
**351 S. CYPRESS ROAD
SUITE #400
POMPAÑO BEACH, FL 33060-7167**



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0493928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COHEN, MITCHELL
351 S. CYPRESS ROAD
SUITE #400
POMPAÑO BEACH, FL 33060-7167**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, MALCOLM 351 S. CYPRESS ROAD #400 POMPAÑO BEACH, FL 330607167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COHEN, MITCHELL 1776 E SUNRISE BLVD #400 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COHEN, ANDREW 1776 E SUNRISE BLVD #400 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000119126
04/19/04-80086-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____