2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P94000059858

Entity Name: STAT MEDICAL CLINIC IV, INC.

Current Principal Place of Business:

2535 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

2535 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0518789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STACHEWITSCH, ANDRE
2535 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304 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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: STACHEWITSCH, ANDRE
Address: 2535 E. SUNRISE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD ( ) Delete
Name: STACHEWITSCH, MONA
Address: 2535 E. SUNRISE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: TD ( ) Delete
Name: STACHEWITSCH, MONIQUE
Address: 2535 E. SUNRISE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VP ( ) Delete
Name: FRIEDEWALD, DON E JR.
Address: 2535 E. SUNRISE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DON E. FRIEDEWALD JR VP 04/18/2005

Electronic Signature of Signing Officer or Director Date