2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004
Secretary of State

DOCUMENT# P94000070004

Entity Name: MID FLORIDA MEDICAL, INC.

Current Principal Place of Business:

174-B SEMORAN COMMERCE PL
SUITE 114
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

174-B SEMORAN COMMERCE PL
SUITE 114
LAKE MARY, FL 327953294 US

New Mailing Address:

174-B SEMORAN COMMERCE PL
SUITE 114
APOPKA, FL 32703 US

FEI Number: 59-3304383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, GARY
138 WEATHERSFIELD AVE N
ALTAMONTE SPRINGS, FL 32714

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: KNIGHT, GARY
Address: 138 WEATHERSFIELD AVE N
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY KNIGHT PRES 08/17/2004
Electronic Signature of Signing Officer or Director Date