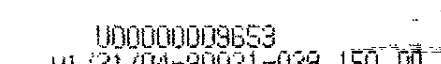


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000013196		
1. Entity Name MEDERI OF ESCAMBIA COUNTY, INC.		
Principal Place of Business PO BOX 144536 CORAL GABLES, FL 33114-4536	Mailing Address 153 SEVILLA AVENUE CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
		 01092004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0567718 Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent M.J.F. REGISTERED AGENT CORP. 153 SEVILLA AVENUE CORAL GABLES, FL 33134		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	DP VAZQUEZ, SANDRA PO BOX 144536 CORAL GABLES, FL 331144536	 01/21/04-80021-029 8.75  01/21/04-80021-028 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NESSLEIN, DAVID PO BOX 144536 CORAL GABLES, FL 331144536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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		1-15-04 (305) 447-2300 Date Daytime Phone #