

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 043 ***150.00

DOCUMENT # P95000026232					
1. Entity Name JCG MEDICAL SUPPLIERS, INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0584384	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREEMAN, STEPHEN 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>TRANSGLOBAL CORPORATE ADMINISTRATION LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>520 BRICKELL KEY DR.</u> Suite # <u>0-305</u> City: <u>MIAMI</u> FL Zip Code: <u>33131</u>		
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: <u>[Signature]</u> DATE: <u>4/20/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete OITICICA, CLAUDIO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen Freeman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS 520 BRICKELL KEY DR SUITE 0-305 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete FREEMAN, STEPHEN 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 the like empowered.

SIGNATURE: Stephen Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/04

Daytime Phone #: 305 3743800