


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90022 016 \*\*\*158.75

DOCUMENT # P96000016147			
1. Entity Name ASSOCIATES MEDICAL GROUP, INC.			
Principal Place of Business 19 N. OLD KINGS #C101 PALM COAST, FL 32137		Mailing Address 19 N. OLD KINGS #C101 PALM COAST, FL 32137	
2. Principal Place of Business 1 Florida Park Dr. N Suite, Apt. #, etc. 109-110 City & State Palm Coast FL		3. Mailing Address 1 Florida Park Dr. N Suite, Apt. #, etc. 109-110 City & State Palm Coast FL	
Zip 32137		Country FLAGLER	
4. FEI Number 59-3364275		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INDEST. GEORGE F III 220 E CENTRAL PKWY STE. 2030 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name: Olga Hochman Street Address (P.O. Box Number is Not Acceptable): 1 Florida Park Dr. N. Suite 109-110 City: Palm Coast FL Zip Code: 32137	
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>Olga Hochman - President</u> DATE: <u>3/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	DPT HOCHMAN, OLGA 19 N. OLD KINGS RD #C101 PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OLGA HOCHMAN 1 Florida Park Dr. N. Suite 109-110 Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.			
SIGNATURE: <u>Olga Hochman - President</u>		DATE: <u>3/19/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03172004 Chg-P CR2E034 (10/03)