

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025711

FILED
Jan 13, 2004
Secretary of State

Entity Name: MEDICAL PRIORITY, INC.

Current Principal Place of Business:

1671 WEST 39TH PLACE
UNIT 16
HIALEAH, FL 33016

Current Mailing Address:

P.O. BOX 12-6156
HIALEAH, FL 33012

New Principal Place of Business:

1671 WEST 37TH STREET
UNIT 6
HIALEAH, FL 33016 US

New Mailing Address:

P.O. BOX 12-6156
HIALEAH, FL 33012 US

FEI Number: 65-0652096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, CELIA
1316 WEST 60 TERRACE
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CABRERA, CELIA
Address: 1316 WEST 60 TERRACE
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: CABRERA, MARIO
Address: 1316 WEST 60 TERRACE
City-St-Zip: HIALEAH, FL 33012

Title: VD () Delete
Name: PEREDA, IVETTE
Address: 4910 S.W. 150 TERRACE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CABRERA, CELIA
Address: 1316 WEST 60 TERRACE
City-St-Zip: HIALEAH, FL 33012 US

Title: TD (X) Change () Addition
Name: CABRERA, MARIO
Address: 1316 WEST 60 TERRACE
City-St-Zip: HIALEAH, FL 33012 US

Title: VD (X) Change () Addition
Name: PEREDA, IVETTE
Address: 4910 S.W. 150 TERRACE
City-St-Zip: MIRAMAR, FL 33027 US

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: CELIA CABRERA

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date