2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025711

Entity Name: MEDICAL PRIORITY, INC.

FILED Jan 17, 2006 Secretary of State

Current Pi	rincipal Pla	ce of Business:	New Principal Place	New Principal Place of Business:	
	T 37TH STR	REET			
UNIT 6 HIALEAH,	FL 33016	US			
Current M	ailing Addr	ess:	New Mailing Address	New Mailing Address:	
P.O. BOX [,] HIALEAH,		US			
FEI Number:	65-0652096	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CABRERA 1316 WES HIALEAH,	Ť 60 TERRA	ACE US			
	named entit of Florida.	y submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electr	onic Signature of Registered Age	nt	Date	
Election Can	npaign Financ	ing Trust Fund Contribution ().			
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CABRERA, C	60 TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CABRERA, N	60 TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD PEREDA, IVI 1798 WEST HIALEAH, FL	79 STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 PSD 01/17/2006