


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90021 048 \*\*\*150.00

<b>DOCUMENT # P96000052440</b>	
1. Entity Name <b>MEDICAL CONSTRUCTION CONSULTANTS INC.</b>	

Principal Place of Business <b>150 SW 12TH AVE SUITE 201 POMPANO BEACH, FL 33069</b>	Mailing Address <b>150 SW 12TH AVE SUITE 201 POMPANO BEACH, FL 33069</b>
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**24049053**



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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02052004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0691295</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MIDDLEBROOKS, PAMELA 150 SW 12TH AVE., STE 200 POMPANO BEACH, FL 33069</b>	
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7. Name and Address of New Registered Agent Name <b>PAMELA HERBING</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 SW 12TH AVE</b> <b>STE 201</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33069</b>	
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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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/10/04</b>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JOHN BEEBE 150 SW 12TH AVE #201 POMPANO BCH, FL 33069</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERT BERNSTEIN 150 SW 12TH AVE #201 POMPANO BCH, FL 33069</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MIDDLEBROOKS, PAMELA 150 SW 12TH AVE POMPANO BEACH, FL 33069</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PAMELA HERBING 150 SW 12TH AVE, Ste 201 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 other like empowered.	
SIGNATURE: <i>[Signature]</i> <b>PAMELA HERBING</b>	Date <b>4/10/04</b> Daytime Phone # <b>937-7855530</b>