


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000060097	
1. Entity Name MEDICAL & FINANCIAL MANAGEMENT STRATEGIES, INC.	

Principal Place of Business 1333 CORAL WAY MIAMI, FL 33145 US	Mailing Address PO BOX 450676 MIAMI, FL 33245 US
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

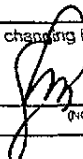
4. FEI Number 65-0702515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LUACES RODRIGUEZ, MARTA N
1333 CORAL WAY
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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: MARTA N. Luaces  DATE: 4/22/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

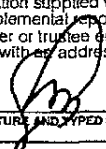
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000130469
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUACES-RODRIGUEZ, MARTA 1333 CORAL WAY MIAMI, FL 33145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  DATE: 4/22/04 DAYTIME PHONE: 305-858-8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR