


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90020 031 \*\*\*150.00

<b>DOCUMENT # P96000093265</b>		
1. Entity Name <b>MEDICAL AND HEALTHCARE RESOURCES, INC.</b>		

Principal Place of Business <b>612 E COLONIAL DR SUITE 250 ORLANDO, FL 32803 US</b>	Mailing Address <b>612 E COLONIAL DR SUITE 250 ORLANDO, FL 32803 US</b>
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**54032870**



2. Principal Place of Business <b>612 E. COLONIAL DR.</b>	3. Mailing Address <b>612 E. COLONIAL DR</b>
Suite, Apt. #, etc. <b>SUITE 350</b>	Suite, Apt. #, etc. <b>SUITE 350</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32803</b>	Country <b>U.S.A.</b>

04022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3418253</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HEEKIN, JAMES F JR 215 NO EOLA DRIVE ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANGERT, AMY B 612 E COLONIAL DR SUITE 250 ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANGERT, AMY B. 612 E. COLONIAL DR, SUITE 350 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CONTE, RONALD J 612 E COLONIAL DR SUITE 250 ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RONALD J. CONTE 612 E. COLONIAL DR SUITE 350 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **RONALD J. CONTE** 4/12/04 407-422-2403  
Signature and typed or printed name of signing officer or director Date Daytime Phone #