


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000012383 1. Entity Name MEDI-GUARD I.D. ALERT NETWORK INC.																													
Principal Place of Business 224 EAST RIVER PARK DR JUPITER FL 33477			Mailing Address P O BOX 7288 JUPITER FL 33477																										
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 65-0736810																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEBENSFELD, MANNY 224 EAST RIVER PARK DR JUPITER FL 33477				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PS</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEBENSFELD, MANNY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>224 E. RIVER PARK DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER FL 33477-9360</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U00000139178</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>04/29/04-80111-014 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PS	<input type="checkbox"/> Delete	NAME	LEBENSFELD, MANNY		STREET ADDRESS	224 E. RIVER PARK DRIVE		CITY-ST-ZIP	JUPITER FL 33477-9360		TITLE	U00000139178	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	04/29/04-80111-014 150.00		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)(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: _____ 4/25/04 561.744-0024 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													