


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90020 009 \*\*\*150.00

<b>DOCUMENT # P97000018266</b>	
1. Entity Name <b>PARK HILL MEDICAL SERVICES, INC.</b>	

Principal Place of Business <b>10100 WEST SAMPLE ROAD STE 404 POMPANO BEACH, FL 33065</b>	Mailing Address <b>1461 NW 127TH WAY CORAL SPRINGS, FL 33071</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>64-0740735</b>	Applied For <input type="checkbox"/> 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>WEXLER, JACK 1461 NW 127TH WAY CORAL SPRINGS, FL 33071</b>	

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.	
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SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEXLER, JACK D</b>	NAME	<b>WEXLER, JACK D</b>
STREET ADDRESS	<b>1461 NW 127 WAY</b>	STREET ADDRESS	<b>1461 NW 127 WAY</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEXLER, SANDRA</b>	NAME	<b>WEXLER, SANDRA</b>
STREET ADDRESS	<b>1461 NW 127TH WAY</b>	STREET ADDRESS	<b>1461 NW 127 WAY</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEXLER, ROSS</b>	NAME	
STREET ADDRESS	<b>1461 NW 127TH WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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<b>SIGNATURE:</b> <i>Jack D Wexler</i> <b>PRESIDENT</b>	<b>3-16-04</b>	<b>954-753-0805x203</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #