

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085940

FILED
Apr 28, 2004
Secretary of State

Entity Name: MEDICAL REVENUE MANAGEMENT, INC.

Current Principal Place of Business:

1824 SE 8TH ST.
CAPE CORAL, FL 33990

New Principal Place of Business:

4909 SW 18TH AVENUE
CAPE CORAL, FL 33914

Current Mailing Address:

1824 SE 8TH ST.
CAPE CORAL, FL 33990

New Mailing Address:

4909 SW 18TH AVENUE
CAPE CORAL, FL 33914

FEI Number: 65-0190140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, BILL H
1824 SE 8TH ST.
CAPE CORAL, FL 33990

Name and Address of New Registered Agent:

WELCH, BILL H
4909 SW 18TH AVENUE
CAPE CORAL, FL 33914

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/28/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELCH, BILL H
Address: 1824 SE 8TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WELCH, BILL H
Address: 4909 SW 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: DS () Change (X) Addition
Name: WELCH, DARLENE F
Address: 4909 SW 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL WELCH

Electronic Signature of Signing Officer or Director

DP

04/28/2004

Date