2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P98000015218

Entity Name: MED-MANAGE INC.

Current Principal Place of Business:

7380 SAND LAKE RD
#500
ORLANDO, FL 32819 US

New Principal Place of Business:

135 NO. 6TH STREET
SECOND FLOOR #5
HAINES CITY, FL 33844 US

Current Mailing Address:

3956 TOWN CENTER BLVD. #206
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3494455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IBANEZ, SILVIA S
7380 SAND LAKE RD, #500
ORLANDO, FL 32819

Name and Address of New Registered Agent:

IBANEZ, SILVIA S ATTY
203 SO. CLYDE AVE
KISSIMMEE, FL 34741

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: SILVIA S. IBANEZ 04/13/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: IBANEZ, JUAN A
Address: 3956 TOWN CENTER BLVD. #196
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUAN A. IBANEZ P/D 04/13/2004
Electronic Signature of Signing Officer or Director Date