


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90224 009 \*\*\*150.00

<b>DOCUMENT # P99000011224</b> 1. Entity Name <b>MEDI-FIRST OF SOUTH FLORIDA INC.</b>					
Principal Place of Business <b>2329 W 78 ST HIALEAH, FL 33016</b>			Mailing Address <b>PO BOX 160507 HIALEAH, FL 33016</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 972288</b>			
City & State		City & State <b>MIAMI, FL</b>			
Zip <b>33197</b>	Country	Zip <b>33197</b>	Country <b>USA</b>	4. FEI Number <b>65-0893137</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THORN, GEORGE 18201 S.W. 112TH AVENUE MIAMI, FL 33157</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		
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 _____ (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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THORN, GEORGE 18201 S.W. 112TH AVENUE MIAMI, FL 33157</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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04232004 Chg-P CR2E034 (10/03)

**SIGNATURE:** George P. Thorn 4/23/04 (305) 253-7011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #