2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P99000011224** 1. Entity Name MEDI-FIRST OF SOUTH FLORIDA INC. 04-29-2004 90224 009 ***150.00 Principal Place of Business Mailing Address 2329 W 78 ST PO BOX 160507 HIALEAH, FL 33016 HIALEAH, FL 33016 **1401103**0 3. Mailing Address PO BOX 972288 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) City & State City & State 4, FEI Number Applied For MIAMI 65-0893137 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THORN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 18201 S.W. 112TH AVENUE MIAMI, FL 33157 City Zip Code 8. The above named entity submitis 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Addition THORN, GEORGE NAME NAME 18201 S.W. 112TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-7IP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP Change TTLE ☐ Delete TITLE ☐ 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. 4/23/04 (305) 253-7011 SIGNATURE:

FILED