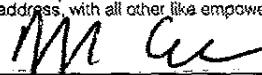


**2004-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000069270			
1. Entity Name PALM BEACH MEDICS, INC.			
Principal Place of Business 351 SOUTH CYPRESS ROAD SUITE 400 POMPAÑO BEACH, FL 33060		Mailing Address 351 SOUTH CYPRESS ROAD SUITE 400 POMPAÑO BEACH, FL 33060	
DO NOT WRITE IN THIS SPACE			
		03192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2154162	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, MITCHELL A 351 SOUTH CYPRESS ROAD SUITE 400 POMPAÑO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000116830 04/16/04-80082-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD COHEN, MALCOLM M 351 SOUTH CYPRESS ROAD SUITE 400 POMPAÑO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			