


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90203 018 \*\*\*158.75

<b>DOCUMENT # P99000085768</b>	
1. Entity Name ANTILLES EMERGENCY GROUP, P.A.	


Principal Place of Business PMB #118, 380 S. STATE ROAD 434 SUITE 1004 ALTAMONTE SPRINGS, FL 32174-3866	Mailing Address PMB #118, 380 S. STATE ROAD 434 SUITE 1004 ALTAMONTE SPRINGS, FL 32174-3866
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3623643	Applied For Not Applicable
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5. Certificate of Status Desired	 <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

CANTRELL, FRANK T PMB #118, 380 S. STATE ROAD 434 SUITE 1004 ALTAMONTE SPRINGS, FL 32174-3866
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**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 \_\_\_\_\_  
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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANTRELL, FRANK T PMB #118, 380 S. STATE ROAD 434 ALTAMONTE SPRINGS, FL 321743866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CANTRELL, THEODORE 3838 BAY CREEK CHURCH ROAD LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mrs. Daughn E. Cantrell 2879 Roxbury Road Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mrs. Frankie L Cantrell 3838 Bay Creek Church Road Loganville, GA 30052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mrs Linda R Burke 240 Leigh Kay Drive Lawrenceville, GA 30245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **T. W. Cantrell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 27 2004 (770) 554-0426**  
Date Daytime Phone #