

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087197

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** URBAN MEDICAL PROVIDERS, INC.

**Current Principal Place of Business:**

13936 NW 7 AVE  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

13936 NW 7 AVE  
MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 65-0955796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBEAN, ANTHONY  
13936 NW 7 AVE  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCBEAN, ANTHONY L  
Address: 13956 NW 7 AVE  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V ( ) Change (X) Addition  
Name: MCBEAN, AKIEL  
Address: 18115 N.W. 15TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

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: ANTHONY L. MCBEAN

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date