## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000097344

FILED May 01, 2004 Secretary of State

Entity Name: MEDLINK HEALTHCARE FINANCIAL SERVICES INC.

Current Principal Place of Business:		New Principal Place of Business:		
	11 STREET (E PINES, FL	33025		
Current Mailing Address:		ss:	New Mailing Address:	
	11 STREET (E PINES, FL	33025		
El Number	65-0983707	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of (	Current Registered Agent:	Name and Address o	of New Registered Agent:
	ANDREW			
610 S.W. 'EMBRO	11 STREET (E PINES, FL	33025		
PEMBRON	(E PINES, FL		purpose of changing its registered	d office or registered agent, or both,
PEMBRON	named entity of Florida.		purpose of changing its registered	d office or registered agent, or both,
EMBRON	named entity of Florida.			d office or registered agent, or both,  Date
EMBRON The above In the State	named entity e of Florida. RE: Electro	submits this statement for the		
PEMBRON The above the State SIGNATUI	named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Act	gent	
PEMBRON The above the State SIGNATUI	named entity of Florida.  RE: Electrol mpaign Financin S AND DIREC  CEO ( HEEMAN, AND 9610 SW 11 S	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  CTORS:  ) Delete REW	gent	Date
PEMBRON The above The State SIGNATUI SITATUI SIGNATUI SITATUI SIGNATUI SIGNATUI SIGNATUI SIGNATUI SIGNATUI SIGNATUI SIGN	named entity of Florida.  RE: Electron  mpaign Financin  S AND DIREC  CEO ( HEEMAN, AND 9610 SW 11 S PEMBROKE P  PRES ( HEEMAN, ARR 9610 SW 11 S	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  CTORS:  ) Delete REW TREET INES, FL 33025  ) Delete	gent  ADDITIONS/CHANGI  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTOR

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: ANDREW HEEMAN CEO 05/01/2004