

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105260

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: FLORIDA MEDICAL LEASING, INC.

**Current Principal Place of Business:**

9108 SOUTHERN BREEZE DR  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

9108 SOUTHERN BREEZE DR  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number: 59-3617534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MELVIN, EUGENE JR  
9108 SOUTHERN BREEZE DR  
ORLANDO, FL 32836      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: MELVIN, RITA  
Address: 8754 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

Title: S ( ) Delete  
Name: MELVIN, EUGENE JR  
Address: 8754 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

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

Title: D (X) Change ( ) Addition  
Name: MELVIN, RITA  
Address: 9108 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

Title: S (X) Change ( ) Addition  
Name: MELVIN, EUGENE JR  
Address: 9108 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

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: EUGENE A. MELVIN JR

DIRE

03/01/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date