

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31456

FILED
Jan 11, 2005
Secretary of State

Entity Name: NATIONWIDE MEDICAL FINANCE GROUP, INC.

Current Principal Place of Business:

2900 SW 28 LANE
MIAMI, FL 33133 US

New Principal Place of Business:

2630 SW 28TH STREET
SUITE 61
MIAMI, FL 33133 US

Current Mailing Address:

P.O. BOX 347135
CORAL GABLES, FL 332347135

New Mailing Address:

2630 SW 28TH STREET
SUITE 61
MIAMI, FL 33133

FEI Number: 65-0269037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMaida RUA
2900 SW 28 LANE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

NATIONWIDE MEDICAL FINANCE
2630 SW 28TH STREET
SUITE 61
MIAMI, FL 33133 US

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: CARLOS M. RUA

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUA, CARLOS M.
Address: P O BOX 347135
City-St-Zip: CORAL GABLES, FL 332347135

Title: DV () Delete
Name: RUA, CARLOS R.
Address: P O BOX 347135
City-St-Zip: CORAL GABLES, FL 332347135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RUA, CARLOS M.
Address: 2630 SW 28TH STREET, SUITE 61
City-St-Zip: MIAMI, FL 33133

Title: DV (X) Change () Addition
Name: RUA, CARLOS R.
Address: 2630 SW 28TH STREET, SUITE 61
City-St-Zip: MIAMI, FL 33133

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: CARLOS M. RUA

DP

01/11/2005

Electronic Signature of Signing Officer or Director

Date