2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90431 012 ***158.75

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # S47173

1. Entity Name
MEDICAL HEALTH PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
10117 W. OAKLAND PARK BLVD. STE. #328 SUNRISE, FL 33351 US	101 17 WEST OAKLAND PARK BLVD. SUITE 328 SUNRISE, FL 33351 US

2. Principal Place of Business		3. Mailing Address	
10125 W. Oakland Park Blvd.		10125 W. Oakland Park Blvd.	
Suite, Apt. #, etc.: STE #328		Suite, Apt. #, etc.: STE #328	
City & State: Sunrise FL		City & State: Sunrise, FL	
Zip: 33351	Country: U.S.	Zip: 33351	Country: US

4. FEI Number: 65-0455595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALTERWEIN LEONARD 8930 STATE ROAD 84 #324 FT. LAUDERDALE, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ALTERWEIN, ROY 10117 W. OAKLAND PARK BLVD. SUNRISE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 10125 W. Oakland Park Blvd., STE#328 Sunrise FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

(954) 846-9204

SIGNATURE: [illegible signature] Roy R. Alterwein 4/20/04