


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S37080	
1. Entity Name MEDICAL DRIVE VENTURES II, INC.	

Principal Place of Business 1623 MEDICAL DRIVE TALLAHASSEE FL 32308	Mailing Address PO BOX 12219 TALLAHASSEE FL 32317
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
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BEECKLER, DONALD C., M.D. 1623 MEDICAL DR TALLAHASSEE FL 32308	
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7. Name and Address of New Registered Agent	
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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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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TITLE	S	<input type="checkbox"/> Delete
NAME	BEECKLER, DONALD C., M.D.	
STREET ADDRESS	PO BOX 12219	
CITY - ST - ZIP	TALLAHASSEE FL 32317	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOEVINGER, ERIC H MD	
STREET ADDRESS	PO BOX 12219	
CITY - ST - ZIP	TALLAHASSEE FL 32317	
TITLE	T	<input type="checkbox"/> Delete
NAME	STORM, BRETT L MD	
STREET ADDRESS	PO BOX 12219	
CITY - ST - ZIP	TALLAHASSEE FL 32317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/16/04-80136-009 150.00

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 807, 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.

SIGNATURE: <i>Brett Storm</i>	Date: <i>2/12/04</i>	Daytime Phone #
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