


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V19943
1. Entity Name
NCG MEDICAL SYSTEMS, INC.



Principal Place of Business
140 N. WESTMONTE DR. STE. 100
ALTAMONTE SPRINGS, FL 32714

Mailing Address
140 N. WESTMONTE DR.
STE. 100
ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3113691 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAS, ANTONIO
140 N. WESTMONTE DR.
STE. 100
ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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 4/15/04
Signature 1 agent and state of incorporation (NOTE: Registered Agent signature required when re-registering)

**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

TITLE	D
NAME	ARIAS, ANTONIO
STREET ADDRESS	140 N. WESTMONTE DR. STE. 100
CITY-ST-ZIP	ALTAMONTE SPRGS, FL 32714
TITLE	D
NAME	ARIAS, ANTONIO O
STREET ADDRESS	140 N. WESTMONTE DR. STE. 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	ARIAS, FRANCISCO A
STREET ADDRESS	140 N. WESTMONTE DR. STE. 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80036-023 158.75

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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.

SIGNATURE: _____ DATE 4/15/04 DAYTIME PHONE # 407-832-301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR