

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21538

FILED
Feb 04, 2004
Secretary of State

Entity Name: MEDICAL CLINIC MANAGEMENT, INC.

Current Principal Place of Business:

C/O JACK LEVINE P.A.
16855 NORTHEAST 2ND AVENUE SUITE 303
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

C/O JACK LEVINE P.A.
16855 NORTHEAST 2ND AVENUE SUITE 303
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0320667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, MARK
C/O JACK LEVINE P.A.
16855 NORTHEAST 2ND AVENUE SUITE 303
NORTH MIAMI BEACH, FL 33162 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: BERGER, MARK,
Address: 16855 N.E. 2ND AVE.S-303
City-St-Zip: N. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK BERGER

D

02/04/2004

Electronic Signature of Signing Officer or Director

_____ Date