
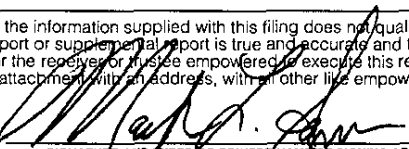


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90298 016 ***150.00

DOCUMENT # V51736							
1. Entity Name LCM MEDICAL, INC.							
Principal Place of Business 390 SW 12TH AVE DEERFIELD BCH., FL 33442 US			Mailing Address 390 SW 12TH AVE DEERFIELD BCH., FL 33442 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0349500			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
REINMAN, JAMES L 1825 S RIVERVIEW DR. MELBOURNE, FL 32901			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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	THOMPSON, LARRY W.		NAME				
STREET ADDRESS	1924 DAIRY RD.		STREET ADDRESS	1333 GATEWAY DR. #1022			
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP	33491			
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SANGREE, MARK		NAME				
STREET ADDRESS	390 SW 12 AVE		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 lists empowered.							
SIGNATURE: 		V.P.		4/16/04 (954) 428-8252			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			