

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60011

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALL MEDICAL SEARCH, INC.

Current Principal Place of Business:

4651 SHERIDAN ST.
STE. 350
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4651 SHERIDAN ST.
STE. 350
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0183046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZBARD, MARVIN
19955 NE 38 CT
APT 3102
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SCHWARTZBARD, MARVIN
4651 SHERIDAN ST.
STE. 350
HOLLYWOOD, FL 33021 US

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: MARVIN SCHWARTZBARD 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHWARTZBARD, CAROL,
Address: 19955 NE 38 CT., APT 3102
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Delete
Name: SCHWARTZBARD, MARVIN,
Address: 19955 NE 38 CT., APT 3102
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHWARTZBARD, CAROL,
Address: 19451 AMBASSADOR CT.
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D (X) Change () Addition
Name: SCHWARTZBARD, MARVIN,
Address: 19451 AMBASSADOR CT.
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: MARVIN SCHWARTZBARD D 04/29/2005

Electronic Signature of Signing Officer or Director Date