2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M06255

1. Entity Name
DOCTORS MEDICAL RENTALS, CORP.

FILED
05 APR 12 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7456 SW 48TH ST P.O. BOX 55-7305 MIAMI, FL 33155	7456 SW 48TH ST P.O. BOX 55-7305 MIAMI, FL 33155

03232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 55-7305	701 Brickell Avenue
Suite, Apt. #, etc.	Suite 3000
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33155 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 59-2451362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARDO, ANGEL NELLO
7456 SW 48TH ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name: Intrastate Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue, Suite 3000
City: Miami FL Zip Code: 33131

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: Angel Nello Pardo Vice President 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD PARDO, ANGEL NELLO 7459 SW 48 ST. MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Angel Nello Pardo 7456 SW 48th Street Miami, FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO PARDO, FRANCISCO A JR. 7456 SW 48TH ST. MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800053928918 05/06/05--01002--003 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPR ESCOBEDO, JOE A/CRTS 7456 SW 48TH ST. MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Angel Nello Pardo President 4-2-05 (305) 666-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #