

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06255

FILED
Apr 28, 2006
Secretary of State

Entity Name: DOCTORS MEDICAL RENTALS, CORP.

Current Principal Place of Business:

P.O.BOX 55-7305
MIAMI, FL 33155

New Principal Place of Business:

P.O.BOX 55-7305
MIAMI, FL 33255

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2451362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE,STE 300
MIAMI, FL 33131 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: PSD () Delete
Name: PARDO, ANGEL N
Address: 7459 SW 48 ST.
City-St-Zip: MIAMI, FL 33155

Title: VPO (X) Delete
Name: PARDO, FRANCISCO A JR.
Address: 7456 SW 48TH ST.
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PARDO, ANGEL N
Address: 14641 OAK LANE
City-St-Zip: MIAMI LAKES, FL 33016

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 Chapter 119, 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: ANGEL NELLO PARDO

PSD

04/28/2006

Electronic Signature of Signing Officer or Director

Date