

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06255

FILED
Jul 23, 2007
Secretary of State

Entity Name: DOCTORS MEDICAL RENTALS, CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

14641 OAK LANE
MIAMI LAKES, FL 33016

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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 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

PRES

07/23/2007

Electronic Signature of Signing Officer or Director

Date