

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008413

FILED
Apr 22, 2005
Secretary of State

Entity Name: PROFESSIONAL MEDICAL SRVCS CORP.

Current Principal Place of Business:

PO BOX 557432
MIAMI, FL 33255

New Principal Place of Business:

Current Mailing Address:

PO BOX 557432
MIAMI, FL 33255

New Mailing Address:

FEI Number: 65-1072750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOS, LIZETTE
6741 CORAL WAY
SUITE 42
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

SANTOS, LIZETTE
315 WEST 9TH STREET
2ND FLOOR
HIALEAH, FL 33010 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: LIZETTE SANTOS

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SANTOS, LIZETTE
Address: PO BOX 557432
City-St-Zip: MIAMI, FL 33255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SANTOS, LIZETTE
Address: 315 WEST 9TH STREET - 2ND FLOOR
City-St-Zip: HIALEAH, FL 33010

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: LIZETTE SANTOS

PSD

04/22/2005

Electronic Signature of Signing Officer or Director

Date