

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 12 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000048437					
1. Entity Name GLOBAL MEDSERV, INC.					
Principal Place of Business 1601 NW 97TH AVENUE BAY "D" MIAMI, FL 33172			Mailing Address 1601 NW 97TH AVENUE BAY "D" MIAMI, FL 33172		
2. Principal Place of Business 8337 NW 142 Street Suite, Apt. #, etc.		3. Mailing Address 8337 NW 142 Street Suite, Apt. #, etc.			
City & State Miami Lakes, FL Zip 33016 Country US		City & State Miami Lakes, FL Zip 33016 Country US		4. FEI Number 42-1591854 Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD NAME: FERNANDEZ, WALTER STREET ADDRESS: 9619 FONTAINBLEAU BLVD., SUITE #405 CITY-ST-ZIP: MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 8337 NW 142 STREET CITY-ST-ZIP: MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Walter Fernandez</i> - WALTER FERNANDEZ 3/28/06 305-856-0056					
SIGNATURE AND TITLE OR BUSINESS NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

