2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# P03000106127

Entity Name: ADVOCATE MEDICAL SERVICES, INC.

Current Principal Place of Business:

501 FALKENBURG ROAD SOUTH
SUITE A-2
TAMPA, FL 33619

New Principal Place of Business:

1202 TECH BLVD.
SUITE 106
TAMPA, FL 33619

Current Mailing Address:

501 FALKENBURG ROAD SOUTH
SUITE A-2
TAMPA, FL 33619

New Mailing Address:

1202 TECH BLVD.
SUITE 106
TAMPA, FL 33619

FEI Number: 02-0708006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDIVIA, JULIO
10402 HALLMARK BLVD
RIVERVIEW, FL 33569 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: D ( ) Delete
Name: VALDIVIA, JULIO
Address: 10402 HALLMARK BLVD
City-St-Zip: RIVERVIEW, FL 33569

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 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: JULIO VALDIVIA D 01/17/2005
Electronic Signature of Signing Officer or Director Date