


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90203 038 \*\*\*150.00

DOCUMENT # P04000031360			
1. Entity Name MULTIPLE MEDICAL SERVICES, INC.			
Principal Place of Business 8260 WEST FLAGLER STREET #2H MIAMI, FL 33144		Mailing Address 8260 WEST FLAGLER STREET #2H MIAMI, FL 33144	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04262005		Chg-P CR2E034 (10/03)	
4. FEI Number 01-0807986		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARQUEZ, MARIA P 8260 WEST FLAGLER STREET #2H MIAMI, FL 33144		Name: CARMENZA MEZA Street Address (P.O. Box Number is Not Acceptable) 6366 SW 15TH ST City: Miami FL Zip Code: 33144	
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 registration.			
SIGNATURE: <i>Carmenza Meza</i>		President 4/26/05	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	D <del>MARQUEZ, MARIA P</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, MARIA P	NAME	
STREET ADDRESS	15472 S.W. 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	D MEZA, CARMENZA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZA, CARMENZA	NAME	
STREET ADDRESS	6366 S.W. 15TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE	D <del>MARTINEZ, GUILLERMO</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, GUILLERMO	NAME	
STREET ADDRESS	15472 S.W. 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	D PEREZ, ADRIANO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ADRIANO	NAME	
STREET ADDRESS	6366 S.W. 15TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowerers.			
SIGNATURE: <i>Carmenza Meza</i>		4/26/05 305 559-5164	
SIGNATURE NOT TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	