


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90453 012 ***150.00

DOCUMENT # P04000031360

1. Entity Name
MULTIPLE MEDICAL SERVICES, INC.



Principal Place of Business Mailing Address
8260 WEST FLAGLER STREET #2H **8260 WEST FLAGLER STREET #2H**
MIAMI, FL 33144 **MIAMI, FL 33144**

60031714



2. Principal Place of Business 3. Mailing Address
8300 W Flaglerst **8300 W Flaglerst.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
210 **210**

04262006 Chg-P CR2E034 (11/05)

City & State City & State
Miami FL **Miami FL**

4. FEI Number Applied For
01-0807986 Not Applicable

Zip Country Zip Country
33144 **USA** **33144** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MEZA, CARMENZA
6366 SW 15TH ST
MIAMI, FL 33144

7. Name and Address of New Registered Agent
 Name **Gerardo Portilla**
 Street Address (P.O. Box Number is Not Acceptable)
1954 SW 22nd terr
 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 registered agent.
 SIGNATURE: *Carmenza Meza* DATE: *4/27/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEZA, CARMENZA	
STREET ADDRESS	6366 S.W. 15TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ADRIANO	
STREET ADDRESS	6366 S.W. 15TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gerardo Portilla	
STREET ADDRESS	1954 SW 22nd terr	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gerardo Portilla* **Gerardo Portilla** Date: *4/27/06* Daytime Phone #: *786 290 1771*