2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136236

Entity Name: LLJ MEDICAL SERVICES, CORP.

FILED May 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2307 DOUGLAS ROAD 9145 SW 40 STREET

400 2-C

MIAMI, FL 33145 US MIAMI, FL 33165 US

Current Mailing Address: New Mailing Address:

2307 DOUGLAS ROAD 9145 SW 40 STREET 400 2-C

MIAMI, FL 33145 US MIAMI, FL 33165 US

FEI Number: 20-1684485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OVIES, EDUARDO E MARTINEZ, LAZARO 2307 DOUGLAS ROAD 9145 SW 40 STREET 400 2-C MIAMI, FL 33145 US MIAMI, FL 33165 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: LAZARO MARTINEZ

AZARO MARTINEZ 05/27/2006

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

MIAMI, FL 33145 US

MIAMI, FL 33145 US

City-St-Zip:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33145 US

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BARRIOS, JUAN C
 Name:
 MARTINEZ, LAZARO

 Address:
 2307 DOUGLAS ROAD, SUITE 400
 Address:
 9145 SW 40 # 2-C

Title: VP (X) Delete Title: () Change () Addition Name: BARRIOS, LARRY Name:

 Name:
 BARRIOS, LARRY
 Name:

 Address:
 2307 DOUGLAS ROAD, SUITE 400
 Address:

 City-St-Zip:
 MIAMI, FL 33145 US
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

Name: MARTINEZ, LAZARO Name:
Address: 2307 DOUGLAS ROAD, SUITE 400 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAZARO MARTINEZ P 05/27/2006