

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90001 039 ***150.00

DOCUMENT # P03000029726

1. Entity Name
MEDTEXX MEDICAL SERVICES, INC.



Principal Place of Business
**1840 CORAL WAY FOURTH FLOOR
MIAMI, FL 33145**

Mailing Address
**POST OFFICE BOX 390816
SNELLVILLE, GA 30039**

54057712



2. Principal Place of Business
12200 W. Colonial Dr.

3. Mailing Address
P.O. Box 845

Suite, Apt. #, etc.
300H

Suite, Apt. #, etc.

06122004

Chg-P

CR2E034 (10/03)

City & State
Winter Garden, FL

City & State
Gotha, FL

4. FEI Number
05-0558719

Applied For
Not Applicable

Zip
34787

Country
U.S.

Zip
34734

Country
U.S.

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, FOURTH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Zunaira Malik**
Street Address (P.O. Box Number is Not Acceptable)
12200 W. Colonial Drive, Suite 300H
City **Winter Garden** **FL** Zip Code **34787**

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 **Zunaira Malik**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 14, 2004

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MALIK, SHAHID A**
STREET ADDRESS **1840 CORAL WAY FOURTH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **VSD** ☐ Delete
NAME **MALIK, ZUNAURA S**
STREET ADDRESS **1840 CORAL WAY FOURTH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **T** ☐ Delete
NAME **MALIK, KEELI J**
STREET ADDRESS **1840 CORAL WAY FOURTH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12200 W. Colonial Dr, Suite 300H**
CITY-ST-ZIP **Winter Garden, FL 34787**

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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 empowered.

SIGNATURE: **Zunaira Malik**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14, 2004

Date

Daytime Phone #