

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005989

FILED
Apr 06, 2005
Secretary of State

Entity Name: MEDEOREX HEALTH SERVICES, INC.

Current Principal Place of Business:

445 GRAND BAY DRIVE, UNIT 1210
KEY BISCAYNE, FL 33149

New Principal Place of Business:

445 GRAND BAY DRIVE
UNIT 1210
KEY BISCAYNE, FL 33149

Current Mailing Address:

445 GRAND BAY DRIVE, UNIT 1210
KEY BISCAYNE, FL 33149

New Mailing Address:

445 GRAND BAY DRIVE
UNIT 1210
KEY BISCAYNE, FL 33149

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENKOVITCH, VIKTORIA
445 GRAND BAY DRIVE, UNIT 1210
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

BENKOVITCH, VIKTORIA
445 GRAND BAY DRIVE
UNIT 1210
KEY BISCAYNE, FL 33149 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: VIKTORIA BENKOVITCH

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KACHKAR, JACK
Address: 445 GRAND BAY DRIVE, UNIT 1210
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DT () Delete
Name: BENKOVITCH, VIKTORIA
Address: 445 GRAND BAY DRIVE, UNIT 1210
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIKTORIA BENKOVITCH

DT

04/06/2005

Electronic Signature of Signing Officer or Director

Date