2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005989

Name:

Address:

City-St-Zip:

BENKOVITCH, VIKTORIA

KEY BISCAYNE, FL 33149

445 GRAND BAY DRIVE, UNIT 1210

Entity Name: MEDEOREX HEALTH SERVICES, INC.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 445 GRAND BAY DRIVE **UNIT 1210** KEY BISCAYNE, FL 33149 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: KACHKAR, JACK Name: 445 GRAND BAY DRIVE, UNIT 1210 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: () Change () Addition

Name:

Address:

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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: JACK KACHKAR DPS 01/10/2007