2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# F29725

Entity Name: HEALTH MEDICAL SERVICES, INC.

Current Principal Place of Business:

45 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Principal Place of Business:

45 PONCE DE LEON BLVD.
MIAMI, FL 33135

Current Mailing Address:

45 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Mailing Address:

45 PONCE DE LEON BLVD.
MIAMI, FL 33135

FEI Number: 59-2091650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVEZ, MARIA A
45 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135 US

Name and Address of New Registered Agent:

CHAVEZ, MARIA A
45 PONCE DE LEON BLVD.
MIAMI, FL 33135 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: MARIA A. CHAVEZ 02/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CHAVEZ, MARIA A
Address: 13336 SW 1ST
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARIA A. CHAVEZ PT 02/23/2007
Electronic Signature of Signing Officer or Director Date