

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 046 ***150.00

DOCUMENT # H77506

1. Entity Name

SPECIAL MEDICAL SERVICES, INC.



Principal Place of Business

3794 BIMINI AVE.
COOPER CITY FL 33026

Mailing Address

3794 BIMINI AVE.
COOPER CITY FL 33026

2. Principal Place of Business

20815 N.E. 16 AVE

3. Mailing Address

Suite, Apt. #, etc.
B-32

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip 33179 Country U.S.A.

Zip Country

4. FEI Number 59-2584300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SORI, MANUEL L
3794 BIMINI AVENUE
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MANUEL L. SORI

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

2/4/06

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SORI, MANUEL LUIS
STREET ADDRESS 3794 BIMINI AVE.
CITY-ST-ZIP COOPER CITY FL

TITLE SD ☐ Delete
NAME SORI, DIANE IRENE
STREET ADDRESS 3794 BIMINI AVE.
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

2/4/06 433-0821

ATTACHMENT

60016779

#H 77506

SO WHOM IT MAY CONCERN:

PLEASE NOTE OUR MAILING ADDRESS REMAINS THE SAME

BUT OUR PRINCIPAL PLACE OF BUSINESS IS LOCATED AT

20815 N.E. 16TH AVE

SUITE B-32

MIAMI, FL (MIAMI-DADE COUNTY)

DAYTIME (24 HR) TELEPHONE HAS NOT CHANGED AND

IS 954-433-0821.

THANKS,

MANUEL L-SORI

