2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# H77506

Entity Name: SPECIAL MEDICAL SERVICES, INC.

Current Principal Place of Business:

20815 NE 16 AVE
MIAMI, FL 33179

New Principal Place of Business:

3794 BIMINI AVE
COOPER CITY, FL 33026

Current Mailing Address:

3794 BIMINI AVE.
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 59-2584300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SORI, MANUEL L
3794 BIMINI AVENUE
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SORI, MANUEL LUIS,
Address: 3794 BIMINI AVE.
City-St-Zip: COOPER CITY, FL

Title: SD ( ) Delete
Name: SORI, DIANE IRENE,
Address: 3794 BIMINI AVE.
City-St-Zip: COOPER CITY, FL

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 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: MANUEL L. SORI PD 04/20/2007

Electronic Signature of Signing Officer or Director Date