


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90040 046 ***150.00

DOCUMENT # J82798	
1. Entity Name FLARE MEDICAL SERVICES CORP.	

Principal Place of Business 6779 WEST FLAGLER STREET MIAMI, FL 33144	Mailing Address 6779 WEST FLAGLER STREET MIAMI, FL 33144
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J4010003

2. Principal Place of Business 8080 West Flagler Street	3. Mailing Address 8080 West Flagler Street
Suite, Apt. #, etc. 2B	Suite, Apt. #, etc. 2B

City & State Miami, Florida	City & State Miami, Florida
Zip 33144	Country Dade
Zip 33144	Country Dade



03152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ROSES, RAQUEL 6795 WEST FLAGLER ST MIAMI, FL 33144	
7. Name and Address of New Registered Agent Name Roses, Raquel Street Address (P.O. Box Number is Not Acceptable) 8080 West Flagler Street Suite # 2B City Miami FL Zip Code 33144	

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 **Raquel Roses Raquel** DATE **3/15/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MUNOZ, CARMEN 6779 W. FLAGLER ST. MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Muñoz, Carmen 8080 West Flagler Street Suite #2B Miami, Florida 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Carmen Muñoz** DATE **3/15/2004** DAYTIME PHONE # **(305) 858-1959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR