2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# M30479

Entity Name: COMPREHENSIVE MEDICAL SERVICES, INC.

Current Principal Place of Business:

7220 N.W. 36TH ST. #307
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7220 N.W. 36TH ST. #307
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-2669194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSINO, MARTHA
6250 SW 130 TERRACE
MIAMI, FL 33156

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: PSD ( ) Delete
Name: MUSINO, MARTHA,
Address: 16782 SW 78 CT.
City-St-Zip: MIAMI, FL 33157

Title: PTD ( ) Delete
Name: OTANO, JOSE A. JR.,
Address: 16723 SW 78 PL.
City-St-Zip: MIAMI, FL 33157

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 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 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: MARTHA MUSINO PSD 04/20/2004

Electronic Signature of Signing Officer or Director — Date