


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90150 038 ***150.00

DOCUMENT # P00000103673 1. Entity Name DADE MEDICAL SERVICES, INC.					
Principal Place of Business 5901 NW 151 STREET STE 100 MIAMI LAKES, FL 33014			Mailing Address 5901 NW 151 STREET STE 100 MIAMI LAKES, FL 33014		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, ARNOLD4 5901 NW 151ST ST STE 100 MIAMI LAKES, FL 33014			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVPD		TITLE		
NAME	GARCIA, ARNOLD L		NAME		
STREET ADDRESS	5901 NW 151ST ST STE 100		STREET ADDRESS		
CITY- ST- ZIP	MIAMI LAKES, FL 33014		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	<small>Daytime Phone #</small>

40064614



02272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1049203

Applied For
Not Applicable

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