

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000008413</b> 1. Entity Name <b>PROFESSIONAL MEDICAL SRVCS CORP.</b>						<b>FILED</b> <b>07 JAN 30 AM 10: 50</b> DEPT. OF STATE ALBUQUERQUE, FLORIDA	
Principal Place of Business <b>315 WEST 9TH ST. 2ND FL. HIALEAH, FL 33010</b>				Mailing Address <b>PO BOX 941234 MIAMI, FL 33194</b>			
2. Principal Place of Business - No P.O. Box #				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  <b>FRAGA, MANUEL 315 WEST 9TH STREET 2ND FLOOR HIALEAH, FL 33010</b>				7. Name and Address of New Registered Agent Name <b>LIZETTE SANTOS ARANGO</b> Street Address (P.O. Box Number is Not Acceptable) <b>315 WEST 9TH STREET 2ND FLOOR</b> City <b>HIALEAH</b> FL Zip Code <b>33010</b>			
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 <u><i>Lizette Santos Arango</i></u> DATE <u>1/24/07</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing: Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>600087198606</b> 02/02/07--01037--010 ***163.75			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PSD</b> <input checked="" type="checkbox"/> Delete NAME <b>FRAGA, MANUEL JR</b> STREET ADDRESS <b>315 WEST 9TH STREET - 2ND FLOOR</b> CITY-ST-ZIP <b>HIALEAH, FL 33010</b>				TITLE <b>PSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>LIZETTE SANTOS ARANGO</b> STREET ADDRESS <b>315 WEST 9TH STREET - 2ND FLOOR</b> CITY-ST-ZIP <b>HIALEAH FL 33010</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 <u><i>Lizette Santos Arango</i></u> DATE <u>1/24/07</u> DAYTIME PHONE # <u>305 888-6464</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							