

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023270

FILED
Apr 23, 2004
Secretary of State

Entity Name: ANA MEDICAL SERVICES, INC.

Current Principal Place of Business:

17150 COLLINS AVENUE
SUITE 101-314
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17150 COLLINS AVENUE
SUITE 101-314
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 59-3705735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAIIDENFISH, ALEXSANDR
17150 COLLINS AVENUE
SUITE 101-314
SUNNY ISLES BEACH, FL 33160 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: P () Delete
Name: SHAIIDENFISH, ALEXSANDR
Address: 17150 COLLINS AVENUE - SUITE 101-314
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAIIDENFISH, ALEXSANDR
Address: 17150 COLLINS AVENUE , SUITE 101-314
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: ALEXSANDR SHAIIDENFISH

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04/23/2004

Electronic Signature of Signing Officer or Director

Date