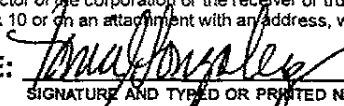


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087102 1. Entity Name CAROLINA MEDICAL SERVICES, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 525 NW 27 AVE Suite, Apt. #, etc. SUITE 101 City & State MIAMI FL Zip Country 33125 USA			3. Mailing Address 525 NW 27 AVE Suite, Apt. #, etc. SUITE 101 City & State MIAMI Zip Country FL USA		
			DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-1136508 Applied For <input type="checkbox"/> Not Applicable		
DO NOT WRITE IN THIS SPACE			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent Name JOHNNY TSIMOGIANNIS Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD. City SUITE 601 CORAL GABLES FL Zip Code 33134		
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 JOHNNY TSIMOGIANNIS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 02/29/04					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GONZALES, TANIA C 525 NW 27th AVENUE, SUITE 101 MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GONZALEZ, TANIA C 525 NW 27th AVENUE, SUITE 101 MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  TANIA GONZALES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
			02/27/04 Date		
			305-442-1028 Daytime Phone #		

CR2E034B (12/02)