

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90111 012 ***550.00

DOCUMENT # P01000091766

1. Entity Name

QUICK MEDICAL SERVICE, INC.



Principal Place of Business

**585 E 49 ST, SUITE 10
HIALEAH FL 33013**

Mailing Address

**585 E 49 ST, SUITE 10
HIALEAH FL 33013**

50054389



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0534325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONET, IVONNE
1100 WESY 29TH ST STE C
HIALEAH FL 33012**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **BONET, IVONNE**
STREET ADDRESS **1035 W. 36TH PL.**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **PD** ☒ Change ☐ Addition
NAME **BONET, IVONNE**
STREET ADDRESS **2760 PALM AVE HIALEAH FL 33012**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **AGUILAR, CARLOS E**
STREET ADDRESS **12830 NW 6TH LANE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/27/05 (786) 417-7222

Date

Daytime Phone #