## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000092143

Entity Name: FLORIDIAN MED SERVICES INC

FILED Jan 11, 2005 Secretary of State

Littly Na	Me. FLORIDI	AN MILD SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
340 LA VILLA DRIVE MIAMI SPRINGS, FL 33166				393 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	
Current N	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
340 LA VILLA DRIVE MIAMI SPRINGS, FL 33166				340 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	
FEI Number	: 65-1139298	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
340 LA VII MIAMI, FL The above			purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( OROZCO, EDU 340 LA VILLA I MIAMI SPRING	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( OROZCO, LUC 340 LA VILLA I MIAMI SPRING	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EDUARDO A. OROZCO DP 01/11/2005