

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 045 ***150.00

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02022006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000101972 1. Entity Name MEDICAL INVESTIGATIVE SERVICES, INC.			
Principal Place of Business 1635 FLETCHER STREET HOLLYWOOD, FL 33020		Mailing Address 1635 FLETCHER STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business 1919 VAN Buren Street Suite, Apt. #, etc. # 420 City & State Hollywood FL Zip 33020 Country USA		3. Mailing Address 1919 VAN Buren Street Suite, Apt. #, etc. # 420 City & State Hollywood FL Zip 33020 Country USA	
4. FEI Number 30-0007015		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZARCHIN, ANDREA 1635 FLETCHER STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Andrea ZARCHIN Street Address (P.O. Box Number is Not Acceptable) 1919 VAN Buren Street #420 City Hollywood FL Zip Code 33020	
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>Andrea Zarchin</u> DATE <u>2-1-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZARCHIN, ANDREA 1635 FLETCHER STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Addition 1919 VAN Buren Street #420 Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Andrea Zarchin</u>		DATE <u>2-1-06</u> DAYTIME PHONE # <u>9549208779</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	