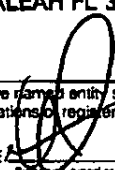
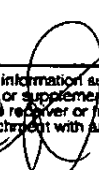


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-05-2004 90003 029 ***141.25
02-10-2004 90033 050 *****8.75

DOCUMENT # P02000015375 1. Entity Name LEAH'S MEDICAL SERVICES, INC.					
Principal Place of Business LEAHS MEDICAL SERV MIAMI FL 33125				Mailing Address 1490 W 49 PL STE 315 HIALEAH FL 33012	
2. Principal Place of Business LEAHS MEDICAL SERV		3. Mailing Address 1490 W 49 PL			
Suite, Apt. #, etc. 315		Suite, Apt. #, etc. # 315			
City & State MIAMI HIALEAH		City & State FLD-Hialeah			
Zip 33012		Country MIAMI		Zip 33012	
Country MIAMI		Country MIAMI			
4. FEI Number 01-0596092				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent VALDES, LISSET M 1490 W 49 PL STE 315 HIALEAH FL 33012			7. Name and Address of New Registered Agent Name LEAHS MEDICAL SERV INC Street Address (P.O. Box Number is Not Acceptable) 1490 W 49 PL SITE 315 City HIALEAH FL FL Zip Code 33012		
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  DATE 02/03/04					
(NOTE: Registered Agent signature required when resigning)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST VALDES, LISSET M 1490 W 49 STREET STE 315 HIALEAH FL 33015			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 03/15/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					