


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000018496		
1. Entity Name ONE MEDICAL SERVICES, INC.		
Principal Place of Business 4904 SOUTHWEST 164TH AVENUE MIRAMAR, FL 33027	Mailing Address 4904 SOUTHWEST 164TH AVENUE MIRAMAR, FL 33027	
DO NOT WRITE IN THIS SPACE		
		01292007 No Chg-P CR2E034 (11/05)
4. FEI Number 03-0395331		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, OFELIO 4904 SOUTHWEST 164TH AVENUE MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RODRIGUEZ, MARIA E 4904 SOUTHWEST 164TH AVENUE MIRAMAR, FL 33027	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Maria E. Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		Date <i>1/30/07</i> Daytime Phone # <i>954-4839390</i>