

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90080 044 ***150.00

DOCUMENT# P02000047900

1. Entity Name
M.T.D. MEDICAL SERVICES, INC.



Principal Place of Business Mailing Address

1455 NW 14TH STREET **4125 SW 108 AVE**
MIAMI FL 33125 **MIAMI FL 33165**

2. Principal Place of Business 3. Mailing Address

3422 Sw 8 Street **3422 Sw 8 St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33135 **USA** **33135** **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MELVA DE LA CARIDAD CARABALLO
1455 NW 14TH STREET
MIAMI FL 33125

4. FEI Number Applied For

65-0279408 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

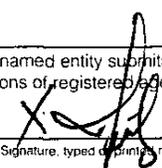
7. Name and Address of New Registered Agent

Name: **Melva de la Ciudad Caraballo**

Street Address (P.O. Box Number is Not Acceptable):
3422 Sw 8 Street

City: **Miami** State: **FL** Zip: **33135**

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: **04/07/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 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

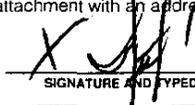
10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	MELVA DE LA CARIDAD CARABALLO	
STREET ADDRESS	1455 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELVA DE LA CARIDAD CARABALLO	
STREET ADDRESS	1455 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melva de la Ciudad Caraballo	
STREET ADDRESS	3422 Sw 8 Street, Miami, FL	
CITY-ST-ZIP	33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  Date: Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR