


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 1455 NW 14TH STREET MIAMI FL 33125	Mailing Address 4125 SW 108 AVE MIAMI FL 33165
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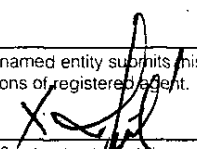
2. Principal Place of Business 3422 Sw 8 Street	3. Mailing Address 3422 Sw 8 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33135	Zip 33135
Country USA	Country 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	7. Name and Address of New Registered Agent Name: Melva de la Caridad Caraballo Street Address (P.O. Box Number is Not Acceptable) 3422 Sw 8 Street City: Miami FL Zip: 33135
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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:  (NOTE: Registered Agent signature required when reinstating)
DATE: 04/07/04

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	<input type="checkbox"/> Delete	TITLE PVST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELVA DE LA CARIDAD CARABALLO		NAME Melva de la Caridad Caraballo	
STREET ADDRESS 1455 NW 14TH STREET		STREET ADDRESS 3422 Sw 8 Street, miami, FL	
CITY-ST-ZIP MIAMI FL 33125		CITY-ST-ZIP 33135	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELVA DE LA CARIDAD CARABALLO		NAME	
STREET ADDRESS 1455 NW 14TH STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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