

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90277 029 ***158.75

DOCUMENT # P02000078151

1. Entity Name
1010 MEDICAL SERVICE INC.



Principal Place of Business

7159 WEST FLAGLER ST
MIAMI, FL 33144

Mailing Address

7159 WEST FLAGLER ST
MIAMI, FL 33144

94076872



02292004

No Chg-P

CR2E034 (10/03)

4. FEI Number
02-0633972

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAZ, RANDY
7159 WEST FLAGLER ST
MIAMI, FL 33144

**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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | DIAZ, RANDY |
| STREET ADDRESS | 7159 W FLAGLER |
| CITY-ST-ZIP | MIAMI, FL 33144 |
| TITLE | VP |
| NAME | HERNANDEZ, JOEL R |
| STREET ADDRESS | 1315 LUDLAM DR |
| CITY-ST-ZIP | MIAMI SPRINGS, FL 33166 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Randy Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(305) 264-9933

Daytime Phone #