

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90015 015 \*\*\*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

50007536



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
02-0633972

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DIAZ, RANDY~~  
~~7159 WEST FLAGLER ST~~  
~~MIAMI, FL 33144~~

Name JORGE TRUEBA  
Street Address (P.O. Box Number is Not Acceptable)  
7159 WEST FLAGLER ST.  
City MIAMI FL Zip Code 33144

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 Jorge Trueba  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME ~~DIAZ, RANDY~~  
STREET ADDRESS ~~7159 WEST FLAGLER ST.~~  
CITY-ST-ZIP ~~MIAMI, FL 33144~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TRUEBA, JORGE  
STREET ADDRESS 7159 WEST FLAGLER ST.  
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☒ Change ☐ Addition  
NAME P/D TRUEBA, JORGE  
STREET ADDRESS 7159 WEST FLAGLER  
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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: Jorge Trueba  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/06  
Date

(305) 710-9265  
Daytime Phone #