

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082189

Entity Name: EL PORTAL MEDICAL, INC.

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

8642 N.E. 2ND AVE.,  
EL PORTAL,, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

8642 N.E. 2ND AVE.,  
EL PORTAL,, FL 33138 US

**New Mailing Address:**

FEI Number: 05-0525153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GACHELIN, JENNY  
8642 NE 2ND AVE  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: MELSON, BOBBY R  
Address: 8640 N.E. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition  
Name: WILSON, GARY  
Address: 8640 N.E. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WILSON

PDS

04/26/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date