FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 10 AM 10:52

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085968

1. Entity Name
DESTINY MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
7065 W 3 CT HIALEAH, FL 33014	7065 W 3 CT HIALEAH, FL 33014

300020966803
06/18/03--01039--003 **150.00

2. Principal Place of Business	3. Mailing Address
5901 NW 151 st	5901 NW 151 st
Suite, Apt. #, etc. suite # 220	Suite, Apt. #, etc. suite # 220
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014 Country USA	Zip 33014 Country USA

[redacted]

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ______ ☐ 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
LEIVA, JUAN G 7065 W 3 CT HIALEAH, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P LEIVA, JUAN G 7065 W 3 CT HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEIVA, JUAN G. 5901 NW 151 st # 220 MIAMI, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Leiva — 6/3/3 — (305) 822-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

June 3, 2003

Division of Corporations
Corporate Filings

To Whom It May Concern:

By means of this I appreciate if you take in consideration my late application due to the fact that my accountant never take care of these and now he is missing from his office. And we just find out about this yesterday.

Please if you have any questions do not hesitate to contact us at (305)822-6164.
Thank you for your attention to this matter.

Sincerely,

Juan G Leiva