


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90029 023 \*\*\*150.00

<b>DOCUMENT # P02000091836</b>		
1. Entity Name <b>GARSAN MEDICAL SERVICES, INC.</b>		

Principal Place of Business <b>1455 NW 14TH ST MIAMI, FL 33125</b>	Mailing Address <b>1455 NW 14TH ST MIAMI, FL 33125</b>
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**94058028**

2. Principal Place of Business <b>2050 Tigertail Boulevard Suite M Dania, FL 33004</b>	3. Mailing Address <b>2050 Tigertail Boulevard Suite M Dania, FL 33004</b>
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04082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SANCHEZ, LUIS 1455 NW 14TH ST MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent <b>Noa Jr, Arnaldo 2050 Tigertail Boulevard Suite M Dania, FL 33004</b>	
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4. FEI Number <b>76-0711610</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
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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: <b>A Noote</b>	<b>Arnaldo Noa Jr.</b>	DATE: <b>4/13/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SANCHEZ, LUIS 1455 NW 14TH ST. MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Noa Jr, Arnaldo 2050 Tigertail Boulevard Ste M Dania, FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARCIA, JULIO 1455 NW 14TH ST MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Noa Jr, Arnaldo 2050 Tigertail Boulevard Ste M Dania, FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>A Noote</b>		<b>Arnaldo Noa Jr.</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>4/13/04</b>	Daytime Phone #: <b>(954) 927-3125</b>