

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000093776

**FILED**  
**Jun 29, 2006**  
**Secretary of State****Entity Name:** PLANET MEDICAL SERVICES, INC.**Current Principal Place of Business:**8531 NW SOUTH RIVER DRIVE  
SUITE AB  
MEDLEY, FL 33166**New Principal Place of Business:****Current Mailing Address:**8531 NW SOUTH RIVER DRIVE  
SUITE AB  
MEDLEY, FL 33166**New Mailing Address:****FEI Number:** 13-4209950**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOREJON, ALFREDO SR  
8531 NW SOUTH RIVER DRIVE  
SUITE A B  
MEDLEY, FL 33166 US**Name and Address of New Registered Agent:**SAMADA, ORESTE R  
8531 NW SOUTH RIVER DRIVE  
SUITE A B  
MEDLEY, FL 33166 US

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: ORESTE R. SAMADA

06/29/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: MOREJON, ALFREDO SR  
Address: 8531 NW SOUTH RIVER DRIVE  
City-St-Zip: MEDLEY, FL 33166

Title: D (X) Delete  
Name: MOREJON, ALFREDO SR  
Address: 8531 NW SOUTH RIVER DRIVE  
City-St-Zip: MEDLEY, FL 33166

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

Title: PVST (X) Change ( ) Addition  
Name: SAMADA, ORESTE R  
Address: 8531 NW SOUTH RIVER DRIVE  
City-St-Zip: MEDLEY, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ORESTE SAMADA

P

06/29/2006

Electronic Signature of Signing Officer or Director

Date