2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P02000109547 1. Entity Name ALED MEDICAL SERVICES, INC.							Feb 02, 2004 Secretary		
Principal Place of Business Mailing Address									
15321 NW	,	15321 NW 60TH AVE							
SUITE:105 SUITE:105						}			
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014									
2. Principal F	Place of Busin	ness	3. Mailing Address			1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CR2E0	34 (11/03)	
City & State			City & State			4.	El Number 01-0747106	-	Applied For Not Applicable
Žip	Zip Country		Zip Cour		ntry	5. (Certificate of Status Desired	\$8.75 / Fee Requ	
	6. Name	and Address of Curren	Registered Agent			7. 1	lame and Address of New Registere	d Agent	
					Name				
153	EN L OTH AVE			Street Address (P.O. Box Number is Not Acceptable)					
SUI MIA	S FL 33014								
					City		F	Zip C	ode
8. The above	v submits this statement for	or the ournose of changing its	ed office or register	ne ber	_	— ,	ith and accord		
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 Signature: typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remistating) DATE									
FILE NOW!!! FEE IS \$150.00									
Afte	1: FEE 13 \$150.00 14 Fee will be \$550.00 15 Florida Department o				Election Campaign Financing Trust Fund Contribution.		.00 May Be ded to Fees		
10.		OFFICERS AND	DIRECTORS	11.		. AD	L DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11
TITLE .	PTD		☐ Delete	ΤΠΈ	E			☐ Chang	- 1788-
NAME			MAN STRI		i£			_ ,	_
STREET ADDRESS	STREET ADDRESS 15321 NW 60TH AVE, SUITE: 105				EET ADDRESS				
CITY-ST-ZIP	MIAMI LAF	KES FL 33014		CITY	-ST-ZIP	=			
TITLE	VSD		Delete	TITL	£			☐ Chang	e 🔲 Addition
NAME	1	LEJANDRO	NAM						
STREET ADDRESS 11591 NW 2ND STREET, APT. 208			8	ET ADDRESS					
	CITY-ST-ZIP MIAMI FL 33172					S1-ZIP U00000027583			
TITLE	☐ Delete ☐ Ti						02/03/04-80053-0	107 0 (969	e))) 🗆 Addition
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NAME			☐ Delete	TITLI				Chang	pe 🔲 Addition
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NAME				NAM	E				
STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE			☐ Delete	ากาเ	i			☐ Chang	e 🔲 Addition
NAME	1			NAM	j				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			and the second s		-ST-ZIP				
12. I hereby of indicated	certify that the lon this repor	e intormation supplied with t or supplemental report i	n this filing does not qualify fo s true and accurate and that r	r the exe ny siana	mption stated in Se ture shall have the	ction 1	(19.07(3)(i), Florida Statutes, I further o	ertify that the	e information
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.									

FILED

(305)8265003