
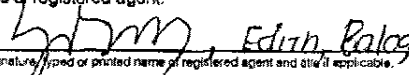



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2004 08:00 AM
Secretary of State

DOCUMENT # PQ2000110477		
1. Entity Name R & J MEDICAL SERVICES, INC.		
Principal Place of Business 7500 NW 25 STE 242 MIAMI, FL 33122		Mailing Address 7500 NW 25 STE 242 MIAMI, FL 33122
DO NOT WRITE IN THIS SPACE		
		05192004 No Chg-P CR2E034 (10/03)
		4. FEI Number 11-3657603
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BALOG, EDITH 10751 S.W. 175 ST. MIAMI, FL 33157		DO NOT WRITE IN THIS SPACE
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  Edith Balog		DATE 5/20/2004
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS BALOG, EDITH 10751 S.W. 175 ST. MIAMI, FL 33157	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Edith Balog		DATE 5/20/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #