

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90393 040 ***150.00

DOCUMENT # P02000110741

1. Entity Name
MEDICAL HEALTH SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business
**3600 SO. ST. RD. 7
238
MIRAMAR, FL 33023**

Mailing Address
**3600 SO. ST. RD. 7
238
MIRAMAR, FL 33023**

44041161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0748802

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

**MORENO, EDRAS A
~~1455 NW 14TH STREET~~
~~MIAMI, FL 33125~~**

Name

MORENO EDRAS A.

Street Address (P.O. Box Number is Not Acceptable)

3600 S. ST. RD 7 #238

City

MIRAMAR

FL

Zip Code

33023

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: **E. MORENO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**PVST
MORENO, EDRAS A
~~1455 NW 14TH STREET~~
~~MIAMI, FL 33125~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MORENO EDRAS
3600 S. ST. RD 7 #238
MIRAMAR FL 33023** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORENO, EDRAS A
~~1455 NW 14TH STREET~~
~~MIAMI, FL 33125~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MORENO EDRAS
3600 S. ST. RD. 7 #238
MIRAMAR, FL 33023** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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: **E. MORENO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (954) 322-6270
Date Daytime Phone #