

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000110991

Entity Name: A & S MEDICAL SERVICES, INC.

FILED
May 01, 2006
Secretary of State**Current Principal Place of Business:**6595 NW 36 STREET
SUITE 220
VIRGINIA GARDENS, FL 33166**New Principal Place of Business:****Current Mailing Address:**6595 NW 36 STREET
SUITE 220
VIRGINIA GARDENS, FL 33166**New Mailing Address:**

FEI Number: 22-3877439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ARRECHEA, RAMON
6595 NW 36 STREET
SUITE 220
VIRGINIA GARDENS, FL 33166 US**Name and Address of New Registered Agent:**HERNANDEZ, ANGEL L
6595 NW 36 STREET
SUITE 220
VIRGINIA GARDENS, 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: ANGEL L. HERNANDEZ

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PDS () Delete
Name: ARRECHEA, RAMON
Address: 6595 36 STREET STE 220
City-St-Zip: VIRGINIA GARDENS, FL 33166**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PDS (X) Change () Addition
Name: HERNANDEZ, ANGEL L
Address: 6595 36 STREET STE 220
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: ANGEL L. HERNANDEZ

PDS

05/01/2006

Electronic Signature of Signing Officer or Director

Date