


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000110995 1. Entity Name EPE MEDICAL SERVICES INC.	
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Principal Place of Business 210 71 ST STE 312 MIAMI BEACH, FL 33141	Mailing Address 210 71 ST STE 312 MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1652333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, EMIL
11800 SW 19 ST APT 413
MIAMI, FL 33175

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000115898 04/16/04-80042-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENITEZ, EMIL 210 71 STREET, SUITE 312 MIAMI BEACH, FL 33141
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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:  **EMIL BENITEZ** **04/13/04** **305-866-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #