

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110995

Entity Name: EPE MEDICAL SERVICES INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

210 71 ST STE 312
MIAMI BEACH, FL 33141

New Principal Place of Business:

12595 SW 137 AVE
105
MIAMI, FL 33186

Current Mailing Address:

210 71 ST STE 312
MIAMI BEACH, FL 33141

New Mailing Address:

12595 SW 137 AVE
105
MIAMI, FL 33186

FEI Number: 06-1652333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES MARTINEZ, ELBA
6060 W 25 CT
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

VALDES MARTINEZ, ELBA
12595 SW 137 AVE
105
MIAMI, FL 33186 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, ELBA V
Address: 210 71 ST STE 312
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD () Delete
Name: ULLOA, ARNOLDO
Address: 210 71 ST STE 312
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: PULIDO, JORGE
Address: 210 71 ST STE 312
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD () Delete
Name: BENSON, DR. RALPH JR.
Address: 4101 E. 11 AVENUE
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINEZ, ELBA V
Address: 12595 SW 137 AVE # 105
City-St-Zip: MIAMI, FL 33186

Title: VD (X) Change () Addition
Name: ULLOA, ARNOLDO
Address: 12595 SW 137 AVE #105
City-St-Zip: MIAMI, FL 33186

Title: SD (X) Change () Addition
Name: PULIDO, JORGE
Address: 12595 SW 137 AVE #105
City-St-Zip: MIAMI BEACH, FL 33186

Title: TD (X) Change () Addition
Name: BENSON, DR. RALPH JR.
Address: 12595 SW 137 AVE #105
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: ARNOLDO ULLOA

VD

04/30/2008

Electronic Signature of Signing Officer or Director

Date