


FILED
Jun 12, 2003 8:00 am
Secretary of State

04-24-2003 90263 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000112525

1. Entity Name
ODALYS MEDICAL SERVICES, CORP.



55047847

Principal Place of Business
 5831 SW 109 AVE
 MIAMI FL 33173

Mailing Address
 5831 SW 109 AVE
 MIAMI FL 33173

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
04-3718065

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ESTEVEZ, ODALYS
5831 SW 109 AVE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ESTEVEZ, ODALYS	
STREET ADDRESS	5831 SW 109 AVE.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	Mario Estevez	<input type="checkbox"/> Delete
NAME	12855 SW 136 AVE Suite #102	
STREET ADDRESS	MIAMI FL 33186	
CITY-ST-ZIP	OR.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Estevez	
STREET ADDRESS	12855 SW 136 AVE Suite #102	
CITY-ST-ZIP	MIAMI FL 33186	O.E.
TITLE	Mario Estevez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5931 SW 109 Ave	"vice president"
STREET ADDRESS	MIAMI FL 33173	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Odalis Estevez* **REQUIRED**

4-15-03 **305)278-1285**

CFR2034 (10/02)