
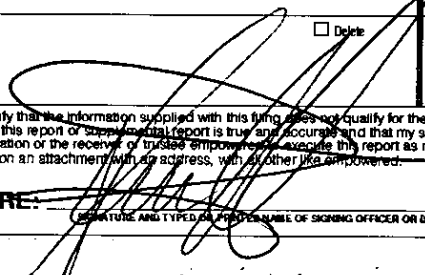


03-06-2003 90105 023 ***150.00

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

DOCUMENT # P02000114036			70025629
1. Entity Name D & M MEDICAL SERVICES, INC.			
Principal Place of Business P O BOX 161104 HIALEAH, FL 33016		Mailing Address P O BOX 161104 HIALEAH, FL 33016	
2. Principal Place of Business 13250 S.W. 131st Street		A. Mailing Address 13250 S.W. 131st Street	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State MIAMI, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country USA		Country USA	
3. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 71-0911241	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent	
		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent GUARDADO, MARIA D 1745 W 69 ST HIALEAH, FL 33012		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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____			
FILE NOW WITH FEE IS \$150.00 Return May 1, 2003. Fax will be \$150.00. Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GUARDADO, MARIA D P O BOX 161104 HIALEAH, FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 of substantial 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 of 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 ICA empowered.			
SIGNATURE: 		Date: 3/4/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CRS034 (10/02)