

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000120292

**FILED**  
**Nov 14, 2005**  
**Secretary of State**

**Entity Name:** MONTEREY MEDICAL HEALTH SERVICES INC.

**Current Principal Place of Business:**

1050 S.E. MONTEREY ROAD  
SUITE #101  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1050 S.E. MONTEREY ROAD  
SUITE #101  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 35-2186278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOTT, DAVID A  
1050 S.E. MONTEREY ROAD  
SUITE #101  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

ELLIOTT, NICHOLAS  
1050 S.E. MONTEREY ROAD  
SUITE #101  
STUART, FL 34994 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: NICHOLAS ELLIOTT

11/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELLIOT, DAVID  
Address: 1050 SE MONTEREY ROAD  
City-St-Zip: STUART, FL 34994

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ELLIOT, NICHOLAS  
Address: 1050 SE MONTEREY ROAD  
City-St-Zip: STUART, FL 34994 US

Title: SEC ( ) Change (X) Addition  
Name: ELLIOTT, NICHOLAS  
Address: 1050 SE MONTEREY ROAD #101  
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS ELLIOTT

PRES

11/14/2005

Electronic Signature of Signing Officer or Director

Date