

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000121370 1. Entity Name VIVA MEDICAL MANAGEMENT SERVICES, INC.	
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Principal Place of Business 8300 WEST FLAGLER STREET SUITE 175 MIAMI, FL 33144	Mailing Address 8300 WEST FLAGLER STREET SUITE 175 MIAMI, FL 33144
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0756156	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 MEZA, CARMENZA 8300 WEST FLAGLER STREET SUITE 175 MIAMI, FL 33144

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEZA, CARMENZA 8300 WEST FLAGLER STREET #175 MIAMI, FL 33144
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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: Gina Portilla 4/26/05 305 559-4599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #