FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/19/2004-90309-025-$100.00-$100.00

04 MAY -7 PM 3:57

TALLAHASSEE, FLORIDA

200035765822
05/07/04--01078--018 **50.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000121720

1. Entity Name

BMS Medical Services,Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4343 West Flagler Street	4343 West Flagler Street
Suite, Apt. #, etc. Suite 506-A	Suite, Apt. #, etc. Suite 506-A
City & State Miami,Fl	City & State Miami,Fl
Zip 33134 / Country Miami-Dade	Zip 33134 / Country Miami-Dade

4. FEI Number 82-0573377 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Margarita P. Fusillo

Street Address (P.O. Box Number is Not Acceptable)

4343 West Flagler Street Suite 506-A

City: Miami, FL Zip Code: 33134

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: [signature] Margarita P. Fusillo / President Jan 14,2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Margarita P. Fusillo / President 4343 West Flagler Street Suite 506-A Miami,Fl 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4343 Margarita P Fisillo / Pres Jan 14,2004 (305)444-5415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #