

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003391

1. Entity Name
MEDISON COMPLETE HEALTHCARE SERVICES CO.



Principal Place of Business
10454 NW 31 TERRACE
MIAMI, FL 33172

Mailing Address
10454 NW 31 TERRACE
MIAMI, FL 33172

FILED

05 FEB 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4520009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, YOANKIS
10454 NW 31 TERRACE
MIAMI, FL 33172

**DO NOT WRITE
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

[Signature]

Signature typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/05

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	P
NAME	MUNOZ, YOANKIS
STREET ADDRESS	10454 NW 31 TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000047307920
02/25/05--01045--005 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05 305 471-8424

Date

Daytime Phone #