## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000007168

Entity Name: M.B.M. MEDICAL SERVICES, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6363 TAP <sup>-</sup> 311 HOLLYWO	Г ST DOD, FL 3302	4			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	Г ST DOD, FL 3302 : <b>54-209203</b> 6	4 FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired (X)	
rei Number.	. 54-2092030	rei Number Applied For ( )	., ,	,	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MEJIAS, B 9551 BAH, MIAMI, FL	AMA DR				
	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( MEJIAS, BERT 9551 BAHAMA MIAMI, FL 33 <sup>-</sup>	DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: BERTA MEJIAS PD 04/29/2005