2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007201

1. Entity Name
ON CALL MEDICAL SERVICES INC.

Principal Place of Business	Mailing Address
1800 WEST 49TH ST #324-M HIALEAH, FL 33012	1800 WEST 49TH ST #324-M HIALEAH, FL 33012

02252004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number *43 - 1993071*   Applied For / Not Applicable

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

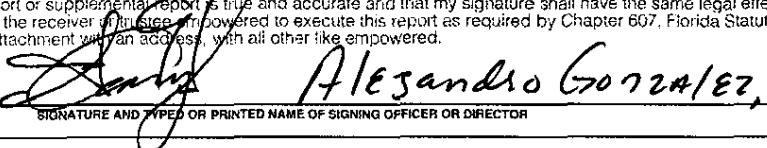| **6. Name and Address of Current Registered Agent**	**7. Name and Address of New Registered Agent**
GEORGE, JOSE 1800 WEST 49TH ST #324-M HIALEAH, FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: GONZALEZ, ALEJANDRO E STREET ADDRESS: 1800 WEST 49TH ST #324-M CITY-ST-ZIP: HIALEAH, FL 33012	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: GEORGE, JOSE STREET ADDRESS: 1800 WEST 49TH ST #324-M CITY-ST-ZIP: HIALEAH, FL 33012	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: *Alejandro Gonzalez, Pres.* 4/25/04   305 825-3537

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