

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009508

FILED
Jul 26, 2006
Secretary of State

Entity Name: HERNANDEZ PROFESSIONAL MEDICAL SERVICES CORP.

Current Principal Place of Business:

6741 CORAL WAY, #38
MIAMI, FL 33155

New Principal Place of Business:

5511 S.W. 8TH ST.
101
MIAMI, FL 33134

Current Mailing Address:

15649 SW 60 ST.
MIAMI, FL 33193

New Mailing Address:

FEI Number: 06-1680895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MIGUEL DR.
15649 S.W. 60 ST.
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

HERNANDEZ, MIGUEL M.D.
15649 S.W. 60 ST.
MIAMI, FL 33193 US

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.

SIGNATURE: MIGUEL HERNANDEZ M.D.

07/26/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTOYA, KARLA
Address: 15649 SW 60 ST.
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: HERNANDEZ, MIGUEL DR.
Address: 15649 SW 60 ST.
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HERNANDEZ, MIGUEL M.D.
Address: 15649 SW 60 ST.
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIGUEL HERNANDEZ M.D.

VP

07/26/2006

Electronic Signature of Signing Officer or Director

Date