2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011435

City-St-Zip: HIALEAH, FL 33014

Entity Name: DIB MEDICAL SERVICE, INC.

FILED Mar 05, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1140 W 50 STREET - SUITE #410 HIALEAH, FL 33012				1140 W 50 STREET 410		
				HIALEAH, FL 33012	US	
Current Mailing Address:				New Mailing Address:		
3384 WEST OKEECHOBEE RD. SUITE #I HIALEAH GARDENS, FL 33016				1140 W 50 STREET 410		
				HIALEAH, FL 33012	US	
FEI Number	r: 32-0040569	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DIB, MAD 8105 W. 9 HIALEAH	AVE.	us				
	e named entity te of Florida.	submits this statement for the	purpose o	f changing its registered	d office or registered agent, or both,	
SIGNATU	IRE:					
	Electro	nic Signature of Registered A	gent		Date	
Election Ca	ımpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	DP (DIB, MADELEN			Title: Name:	() Change () Addition	

City-St-Zip:

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: MADELEN DIB DP 03/05/2005