


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90176 047 ***150.00

DOCUMENT # P03000014806 1. Entity Name PHILCO MEDICAL SYSTEMS, INC.					
Principal Place of Business 357 HAMMOCKS TRAIL GREENACRES, FL 33413			Mailing Address 357 HAMMOCKS TRAIL GREENACRES, FL 33413		
2. Principal Place of Business 9455 SOUTHAMPTON PL		3. Mailing Address 9455 SOUTHAMPTON PL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON FL		City & State BOCA RATON, FL		4. FEI Number 56-2315070	
Zip 33434		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESCANDON, DIEGO 357 HAMMOCKS TRAIL GREENACRES, FL 33413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9455 SOUTHAMPTON PL City BOCA RATON FL Zip Code 33434		
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 DIEGO ESCANDON, PRES. <i>Diego Escandon Sec</i> 3/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ESCANDON, DIEGO 357 HAMMOCKS TRAIL GREENACRES, FL 33413 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LONDONO, CLAUDIA P 357 HAMMOCKS TRAIL GREENACRES, FL 33413 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANGELA MATOS 645 LAKEPOINT NORTH LANE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Diego Escandon Sec</i> DIEGO ESCANDON 3/2/05 (954) 709-0740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					