

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

06-17-2004 90001 039 \*\*\*150.00

DOCUMENT # P03000029726

1. Entity Name  
MEDTEXX MEDICAL SERVICES, INC.



Principal Place of Business  
1840 CORAL WAY FOURTH FLOOR  
MIAMI, FL 33145

Mailing Address  
POST OFFICE BOX 390816  
SNELLVILLE, GA 30039

**54057712**



2. Principal Place of Business  
12200 W. Colonial Dr.

3. Mailing Address  
P.O. Box 845

Suite, Apt. #, etc.  
300H

Suite, Apt. #, etc.

06122004

Chg-P

CR2E034 (10/03)

City & State  
Winter Garden, FL

City & State  
Gotha, FL

4. FEI Number  
05-0558719

Applied For  
Not Applicable

Zip  
34787

Country  
U.S.

Zip  
34734

Country  
U.S.

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY, FOURTH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name Zunaira Malik  
Street Address (P.O. Box Number is Not Acceptable)  
12200 W. Colonial Drive, Suite 300H  
City Winter Garden FL Zip Code 34787

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 *Zunaira Malik*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*June 14, 2004*

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MALIK, SHAHID A  
STREET ADDRESS 1840 CORAL WAY FOURTH FLOOR  
CITY-ST-ZIP MIAMI, FL 33145

TITLE VSD ☐ Delete  
NAME MALIK, ZUNAURA S  
STREET ADDRESS 1840 CORAL WAY FOURTH FLOOR  
CITY-ST-ZIP MIAMI, FL 33145

TITLE T ☐ Delete  
NAME MALIK, KEELI J  
STREET ADDRESS 1840 CORAL WAY FOURTH FLOOR  
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12200 W. Colonial Dr, Suite 300H  
CITY-ST-ZIP Winter Garden, FL 34787

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12200 W. Colonial Dr, Suite 300H  
CITY-ST-ZIP Winter Garden, FL 34787

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Zunaira Malik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 14, 2004*

Date

Daytime Phone #