

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000031420

1. Entity Name
MEDICAL PHYSICS SERVICES INC.



Principal Place of Business

P. O. BOX 8052
CORAL SPRINGS, FL 33075 US

Mailing Address

P. O. BOX 8052
CORAL SPRINGS, FL 33075 US

**FILED
Jan 26, 2005 08:00 AM
Secretary of State**



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-2006030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TELLO, VICTOR M
4872 NW 113TH AVENUE
CORAL SPRINGS, FL 33076

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

1100000199184
01/27/05-80083-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TELLO, VICTOR M
STREET ADDRESS	4872 NW 113TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33075

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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:

Victor M. Tello 1/24/05 954-937-1847
Signature and Typed Name in Block of Signing Officer or Director Date Daytime Phone #