

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085678

Entity Name: D-P MEDICAL SERVICE, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

4903 SE VICEROY STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

1222 SE 47 STREET
SUITE 111
CAPE CORAL, FL 33904

Current Mailing Address:

4903 SE VICEROY STREET
CAPE CORAL, FL 33904

New Mailing Address:

1222 SE 47 STREET
SUITE 111
CAPE CORAL, FL 33904

FEI Number: 06-1703674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, DENNIS
4903 SE VICEROY STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

PEREZ, DENNIS
4719 SE 6 AVENUE
CAPE CORAL, FL 33904 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: DENNIS PEREZ

05/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, DENNIS
Address: 4903 SE VICEROY STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, DENNIS
Address: 4719 SE 6 AVENUE
City-St-Zip: CAPE CORAL, FL 33904

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 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: DENNIS PEREZ

P

05/03/2004

Electronic Signature of Signing Officer or Director

Date