


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-01-2004 90004 024 ***150.00

DOCUMENT # P03000089213 1. Entity Name METROPOLITAN HEALTH SERVICES, INC.					
Principal Place of Business 330 SW 27 AVE STE 506 MIAMI, FL 33135			Mailing Address 330 SW 27 AVE STE 506 MIAMI, FL 33135		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 36-4539740				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 VIKAINO, MERCEDES 330 SW 27 AVE STE 506 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
	PD	VIKAINO, MERCEDES	330 SW 27 AVE STE 506 MIAMI, FL 33135		
	VD	REY, FERMIN	330 SW 27 AVE STE 506 MIAMI, FL 33135		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 or 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>Fermin Rey</i>				Date 8/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66433926



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19/12/04