

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**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**



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4539740**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VIZCAINO, MERCEDES  
330 SW 27 AVE STE 506  
MIAMI, FL 33135**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000529588  
05/05/06-80083-011 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | VIZCAINO, MERCEDES    |
| STREET ADDRESS | 330 SW 27 AVE STE 506 |
| CITY-ST-ZIP    | MIAMI, FL 33135       |
| TITLE          | VD                    |
| NAME           | REY, FERMIN           |
| STREET ADDRESS | 330 SW 27 AVE STE 506 |
| CITY-ST-ZIP    | MIAMI, FL 33135       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vizcaino Mercedes / Pres*

*2/23/06*

*305 7691911*

Date

Daytime Phone #