
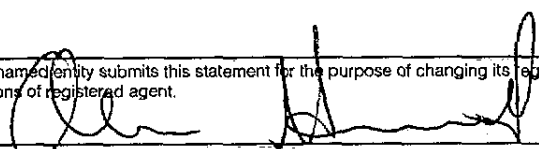
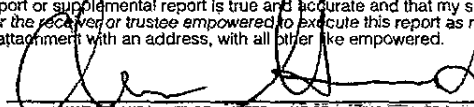


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000122447		
1. Entity Name ENDLESS MEDICAL SERVICES CORP.		
Principal Place of Business 717 PONCE DE LEON 228 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON 228 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HERNANDEZ, ALINA 9125 SW 166 AVE MIAMI, FL 33196		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  2/28/05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ, ALINA 9125 SW 166 AVE MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE 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:  3/28/05. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0121596	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000254680
03/07/05-80084-015 150.00

**DO NOT WRITE
IN THIS SPACE**