

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123820

FILED  
Sep 23, 2004  
Secretary of State

Entity Name: THE FOUR Y'S MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

1455 NW 14TH ST  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1455 NW 14TH ST  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 20-0359935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLMEDO, MANUEL  
1455 NW 14TH ST  
MIAMI, FL 33125

**Name and Address of New Registered Agent:**

MARTINEZ, MARTHA  
8749 NW 1698 TERRACE  
MIAMI LAKES, FL 33018

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: MARTHA MARTINEZ

09/23/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLMEDO, MANUEL  
Address: 1455 NW 14TH ST  
City-St-Zip: MIAMI, FL 33125

Title: PVST ( ) Delete  
Name: OLMEDO, MANUEL  
Address: 1455 NW 14TH ST  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MARTINEZ, MARTHA  
Address: 8749 NW 169 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

Title: PVST (X) Change ( ) Addition  
Name: MARTINEZ, MARTHA  
Address: 8749 NW 169 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA MARTINEZ

PD

09/23/2004

Electronic Signature of Signing Officer or Director

Date