


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000126535
 1. Entity Name
E & A MEDICAL SERVICES INC.



Principal Place of Business Mailing Address
5590 WEST 20TH AVE # 303 HIALEAH FL 33016 **5590 WEST 20TH AVE # 303 HIALEAH FL 33016**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **41-2116418** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARMENATE, CARLOS E
5590 WEST 20TH AVE #303
HIALEAH FL 33016

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARMENATE, CARLOS E 13920 SW 82ND STREET MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DDDDDD233215 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/17/05-80032-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **Feb 17/05** **383 5907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #