


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90078 019 ***150.00

DOCUMENT # P03000130491

1. Entity Name:
ELO MEDICAL SERVICES, INC.



Principal Place of Business: **5901 NW 151 STREET SUITE 220 MIAMI LAKES, FL 33014**

Mailing Address: **5901 NW 151 STREET SUITE 220 MIAMI LAKES, FL 33014**

20016732

2. Principal Place of Business: **6001 N.W 153 St.**

3. Mailing Address: **6001 NW 153 St.**

4. FEI Number: **02232005** Chg-P: **CR2E034 (10/03)**

City & State: **Miami Lakes, FL 33014**

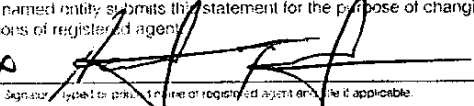
City & State: **Miami Lakes, FL**

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

6. Name and Address of Current Registered Agent:
TRUJILLO, HOARI
4824 E 8 LN
HIALEAH, FL 33013

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: **2/23/05**

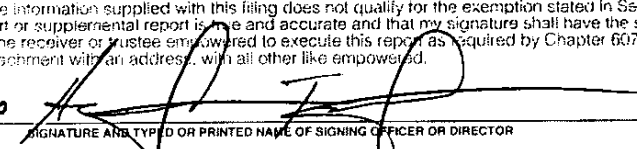
Signature (typed or printed name of registered agent and, if applicable, (NOTE: for registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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: P	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRUJILLO, HOARI		NAME: _____	
STREET ADDRESS: 4824 E 8 LN		STREET ADDRESS: _____	
CITY-ST-ZIP: HIALEAH, FL 33013		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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:  DATE: **2/23/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR