

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 012 \*\*\*150.00

**DOCUMENT # P03000138210**



1. Entity Name  
N.M.R. MEDICAL SERVICES, INC.

Principal Place of Business  
13511 S.W. 71 STREET  
MIAMI, FL 33183 US

Mailing Address  
13511 S.W. 71 STREET  
MIAMI, FL 33183 US

54061689



2. Principal Place of Business  
5055 COLLINS AVE.  
Suite, Apt. #, etc.  
14H

3. Mailing Address  
Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State  
MIAMI BEACH  
Zip  
33140

City & State

4. FEI Number  
20-0420218

Applied For  
Not Applicable

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, NELSON M  
13511 S.W. 71 ST.  
MIAMI, FL 33183

Name  
NELSON M. ZANIREZ  
Street Address (P.O. Box Number is Not Acceptable)  
5055 COLLINS AVE #14H  
City  
MIAMI BEACH FL Zip Code  
33140

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] NELSON M. ZANIREZ 7/7/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RAMIREZ, NELSON M  
13511 S.W. 71 ST.  
MIAMI, FL 33183 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NELSON M. ZANIREZ  
5055 COLLINS AVE #14H  
MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: [Signature] NELSON M. ZANIREZ 7/7/04 305-299-1517  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Attachment

54061689

#P83000138210

July 7, 2004

Department of State  
Division of Corporations  
Tallahassee, Florida 32302-1500

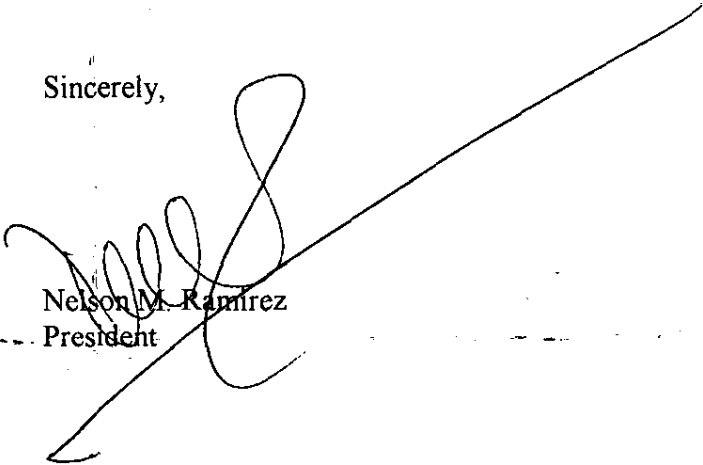
Subject: N.M.R. Medical Services Inc.

To Whom It May Concern:

Recently we received a notice of intent to dissolve, we never received the annual business report for the 2004 year. We apologize for any inconvenience this may have caused. An error occurred in our mailing address which affected all of our correspondence. Our correct address is 5055 Collins Ave #14H Miami Beach Florida 33140

Thank you very much for your cooperation.

Sincerely,

  
Nelson M. Ramirez  
President