

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138210

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

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5055 COLLINS AVE #14H  
MIAMI BEACH, FL 33140 US

## New Principal Place of Business:

5055 COLLINS AVE #14 H  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

5055 COLLINS AVE 4 SUITE 14 H  
MIAMI BEACH, FL 33140 US

## New Mailing Address:

5055 COLLINS AVE # 14 H  
MIAMI BEACH, FL 33140 US

FEI Number: 20-0420218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, NELSON M  
5055 COLLINS AVE #14H  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

RAMIREZ, NELSON M  
5055 COLLINS AVE # 14 H  
MIAMI BEACH, FL 33140 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAMIREZ, NELSON M  
Address: 5055 COLLINS AVE #14H  
City-St-Zip: MIAMI BEACH, FL 33140 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAMIREZ, NELSON M  
Address: 5055 COLLINS AVE # 14 H  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NELSON M. RAMIREZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date