

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007524

FILED  
Sep 06, 2005  
Secretary of State

Entity Name: EXELMAR MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

4167 WEST 9TH LANE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4167 WEST 9TH LANE  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 58-2680796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENA, MARIO  
4167 WEST 9TH LANE  
HIALEAH, FL 33012 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MENA, MARIO  
Address: 4167 WEST 9TH LANE  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: RIVERA, EDSEL D  
Address: 6428 NW 199 TERRACE  
City-St-Zip: HIALEAH, FL 33015

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIO MENA

PTD

09/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date