FILED Mar 29, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

Secretary of Sta
03-29-2005 90022 019 ***150.0

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DOCUMENT # P04000023480 1. Entity Name ELSY PROFESSIONAL MEDICAL SERVICES, INC.										
Principal Place of Business Mailing Address										,
2654 SW 152 PL 2654 SW 152 PL									Enno	1-14-0-0
MIAMI, FL 3			MIAMI, FL 33185			1			5003	1/33
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City & State			City & State		4. FEI Numb	er 2 - 2 - 1	6117		plied For	
Zip	Zip Country		Zip Cou		ntev	105	02 320	etid.		t Applicable
	Country		2.15		,	5. Certificate	of Status Desired		8.75 Add e Required	itional I
	6. Name	and Address of Currer	nt Registered Agent	- 		7. Name and	Address of New F	legistered A	gent	
				٠.	Name					_
RUIZ-ALEXI			• -	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33185					·		<i>.</i> 			
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		15, 184			City			FL	Zip Code	·
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		ry submits this statement tered agent.	for the purpose of changing it	s register	rea onice or regist	ered agent, or bo	ith, in the State of Fi	onda. Tamita	miliar with, i	ano accept
		179	•						_	-
SIGNATURE_		for printed name of registered age	rat and title if applicable. (NC	TE: Register	ed Agent signature requir	ed when reinstating)		DATE :	<u> </u>	
									- 1,47	
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150,00 5 Fee will be \$550	9. Election Camp Trust Fund Co		ncing \$!	5.00 May Be ided to Fees			•	
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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2. I hereby	certify that th	ne information supplied w	ith this filing does not qualify t	or the ex	emption stated in S	Section 119.07(3)	(i), Florida Statutes.	I further certi	fy that the ir	nformation
of the co	rporation or	herecever of tractee em	ith this filing does not qualify the true and accurate and that powered to execute this repo- solvith all other like empowere	ug as tedr red sigua	ired by Chapter 6	07, Florida Statut	es; and that my nan	ne appears in	Block 10 or	Block 11 if
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SIGNAT	rupe.	1 Yel	de 00%			<i>0</i> 3	11810.	2		i
40117	. VIII	SICIATURE AND TYPED O	IT PRINTED NAME OF SIGNING OFFICE	A OR DIREC	TOR		Date	De	yeme Phone #	