2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# P04000026497

Entity Name: TOPLINE MEDICAL SERVICES, CORP.

Current Principal Place of Business:

1455 NW 14TH ST
MIAMI, FL 33125

New Principal Place of Business:

105 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

Current Mailing Address:

1455 NW 14TH ST
MIAMI, FL 33125

New Mailing Address:

105 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

FEI Number: 20-0721784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENENES, MARLEN
1455 NW 15TH ST
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

MENENES, MARLEN
105 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 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: MARLEN MENESES 03/31/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: MENENES, MARLEN
Address: 1455 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: FERRER, VIRGELBIL M
Address: 1455 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete
Name: MARTINEZ, JESUS
Address: 105 WESTWARD DR.
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: MENENES, MARLEN
Address: 105 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

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 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: MARLEN MENESES PTD 03/31/2006
Electronic Signature of Signing Officer or Director Date