
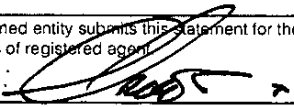



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90003 014 \*\*\*150.00

<b>DOCUMENT # P04000027220</b> 1. Entity Name <b>ROXY'S MEDICAL SERVICES, CORP</b>					
Principal Place of Business <b>4461 PALM AVE SUITE C HIALEAH, FL 33012</b>			Mailing Address <b>4461 PALM AVE SUITE C HIALEAH, FL 33012</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05242005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-0716563</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MIRABAL, ARNALDO M 4411 PINE RIDGE RD NAPLES, FL 34119</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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: 		DATE: <b>5-24-05</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MIRABAL, ARNALDO M 4411 PINE RIDGE RD NAPLES, FL 34119</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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 all other like empowered.					
SIGNATURE: 			Date: <b>5-24-05</b> Daytime Phone #: <b>786-399-7640</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					