2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# P04000033090

Entity Name: L & P UNIVERSAL MEDICAL SERVICES INC.

Current Principal Place of Business:

1300 WEST 53RD STREET
APT. 30
MIAMI, FL 33012

New Principal Place of Business:

900 W 49 ST
SUIT 317
HIALEAH, FL 33012

Current Mailing Address:

1300 WEST 53RD STREET
APT. 30
MIAMI, FL 33012

New Mailing Address:

900 W 49 ST
SUIT 317
HIALEAH, FL 33012

FEI Number: 20-0752113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, LUIS A
1300 WEST 53RD STREET
APT. 30
MIAMI, FL 33012 US

Name and Address of New Registered Agent:

MICHEL, LORENZO M
900 W 49 ST
SUIT 317
HIALEAH, FL 33012 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: MICHEL M LORENZO 02/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, LUISA A
Address: 1300 WEST 53RD STREET APT. #30
City-St-Zip: MIAMI, FL 33012

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PEREZ, LUIS A
Address: 900 W 49 ST SUIT 317
City-St-Zip: HIALEAH, FL 33012

Title: P ( ) Change (X) Addition
Name: LORENZO, MICHEL M
Address: 900 W 49 ST SUIT 317
City-St-Zip: HIALEAH, FL 33012

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: MICHEL M LORENZO P 02/10/2005
Electronic Signature of Signing Officer or Director Date