

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90076 050 ***150.00

DOCUMENT # P04000037402 1. Entity Name EQUILIBRIUM MEDICAL SERVICES, INC.			
Principal Place of Business 201-8941 LAKE DR. CAPE CANAVERAL, FL 32920		Mailing Address 201-8941 LAKE DR. CAPE CANAVERAL, FL 32920	
2. Principal Place of Business 29 Riverside Drive Suite, Apt. #, etc. # 203		3. Mailing Address 29 Riverside Drive Suite, Apt. #, etc. # 203	
City & State Cocoa, Florida Zip Country 32922 U.S.A.		City & State Cocoa, Florida Zip Country 32922 U.S.A.	
4. FEI Number 45-0535595		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, RICHARD S ESQ. 2265 LEE RD., STE. 103 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE 2/10/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	President/Director/Sec./Treas.	<input type="checkbox"/> Delete	
NAME	Daniel P. Merlin		
STREET ADDRESS	29 Riverside Drive #203		
CITY-ST-ZIP	Cocoa, FL 32922		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Tricia Carrick-Merlin		
STREET ADDRESS	29 Riverside Drive #203		
CITY-ST-ZIP	Cocoa, FL 32922		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 or without other like empowered.			
SIGNATURE:		Daniel P. Merlin 2/10/05 321-231-9496	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	