

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000048117</b> 1. Entity Name <b>SOUTH MIAMI MEDICAL SERVICES INC.</b>				<b>FILED</b> <b>05 MAR 28 PM 3:55</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9801 SW 95 ST</b> <b>MIAMI, FL 33173</b>		Mailing Address <b>9801 SW 95 ST</b> <b>MIAMI, FL 33173</b>			
2. Principal Place of Business <b>3382 S.W. 29 ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b> Zip <b>33133</b>		City & State Zip Country		4. FEI Number <b>20-0874751</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03242005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent <b>PEREZ, MAYDA</b> <b>9801 SW 95 ST</b> <b>MIAMI, FL 33173</b>			7. Name and Address of New Registered Agent Name <b>NAUCH YUMART</b> Street Address (P.O. Box Number is Not Acceptable) <b>3382 S.W. 29 ST.</b> City <b>MIAMI FL</b> Zip Code <b>33133</b>		
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>3/21/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>PEREZ, MAYDA</b> <b>9801 SW 95 ST</b> <b>MIAMI, FL 33173</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>NAUCH YUMART</b> <b>3382 S.W. 29 ST.</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>800050509458</b> <b>04/12/05--01007--010 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 of 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 secretary 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>3/21/05</b> Daytime Phone #		