2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CATY-SI-ZIP

FILED Mar 31, 2006 08:00 AM Secretary of State

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ANNUAL REPORT				Secretary of State		
DOCUMENT # P04000057814 1. Entity Name CASANAS MEDICAL SERVICES INC.			Secretary of State			
ce of Business CT 33012	Maining Address 4675 W 18 CT #1109 HIALEAH, FL 33012				REI BY SKIPP (MREE) FEINE FREN AKREEER IS REET	
		PACE	p3272006 4. FEI Number 14-1906	No Chg.P	CR2E034 (11/05) Applied For Not Applicate \$8.75 Additional Fee Required	
S, NIURKA B CT , FL 33012		registered office or register	IN T	HIS SPA	ACE	
Signature, typed or printed name of regis	a. Election Campai	ign Financing\$!	5.00 May Be		DATE	
D CASANAS, NIURKA 4675 W 18 CT #1109 HIALEAH, FL 33012	RS AND DIRECTORS			NOT WI		
	MENT # P0400 S MEDICAL SERVICE The of Business CT 33012 O NOT WR 6. Name and Address of S, NiURKA B CT FL 33012 Presence entity submits this state atoms of registered agent. Signature, typed or presed name of repositions of the positions of the presentations of the positions of the positi	MENT # P0400057814 S MEDICAL SERVICES INC. Mening Address T 4675 W 18 CT #1109 HIALEAH, FL 33012 ONOT WRITE IN THIS S 6. Name and Address of Current Registered Agent S, NIURKA B CT FL 33012 Pramed entity submits this statement for the purpose of changing its atoms of registered agent and title & appacable. Symmus, hyped or present name of registered agent and title & appacable. CFFICERS AND DIFFECTORS D CASANAS, NIURKA 4675 W 18 CT #1109 HIALEAH, FL 33012	MENT # P04000057814 S MEDICAL SERVICES INC. Le uf Business CT 4675 W 18 CT 47109 HIALEAH, FL 33012 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent S, NIURKA B CT FL 33012 Parene on the purpose of changing its registered office or registrions of registered agent. Squature, speed or presed name of registered agent and title if appreciation. MCTE, Registered Agent agent and the flag of the purpose of changing its registered office or registrions of registered agent. ENOWIST FEE IS \$150.00 CFFICERS AND DIFFLC TORS D CASANAS, NIURKA 4675 W 18 CT #1109 HIALEAH, FL 33012	MENT # P04000057814 S MEDICAL SERVICES INC. Mething Address Mething Address A675 W 18 CT #1109 HALEAH, FL 33012 DO NOT WRITE IN THIS SPACE 6. Hame and Address of Current Registered Agent S, NIURKA B CT FL 33012 Prince of registered gent into the purpose of changing its registered office or registered agent, or both intons of registered agent and the 6 approach. MOTE Registered Ayou square required what remaining the registered affect or registered what remaining the ray 1, 2006 Feo with be \$350.00 OFFICERS AND DIRECTIONS DO IN T CASANAS, NIURKA 4675 W 18 CT #1109 HIALEAH, FL 33012 DO IN T	MENT # P04000057814 SMEDICAL SERVICES INC. Things and Address African Services and African	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supergraphical 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 property flustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 to changed, or on an attachagement with an address, with all officer like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR