

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

1/1

01-24-2005 90031 050 ***150.00

DOCUMENT # P04000066328	
1. Entity Name CAROLYN MEDICAL SERVICE, INC.	

Principal Place of Business 16659 SW 90 ST. MIAMI, FL 33196	Mailing Address 16659 SW 90 ST. MIAMI, FL 33196
---	---

66003103



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 30-1135357	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DE CARDENAS, MARTA 16659 SW 90 ST. MIAMI, FL 33196	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CARDENAS, MARTA 16659 SW 90 ST. MIAMI, FL 33196 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05 305 2200606
Date Daytime Phone #