2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# P04000094893

Entity Name: TOLEDO MEDICAL SERVICES, INC.

Current Principal Place of Business:

1840 W 49 ST #703
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1840 W 49 ST #703
HIALEAH, FL 33012

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLEDO, FELICIA C
1840 W 49 ST #703
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ESPINO, JAIRO
1840 W 49 ST #703
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: JAIRO ESPINO 08/17/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: TOLEDO, FELICIA C
Address: 1840 W 49 ST #703
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: ESPINO, JAIRO
Address: 1840 W 49 ST #703
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: JAIRO ESPINO PRES 08/17/2005
Electronic Signature of Signing Officer or Director Date