

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111495

FILED
Jan 22, 2005
Secretary of State

Entity Name: ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION

Current Principal Place of Business:

2570 NE 35 ST
OCALA, FL 34479

New Principal Place of Business:

2425 NE 18 PLACE
SUITE # 102
OCALA, FL 34470

Current Mailing Address:

2570 NE 35 ST
OCALA, FL 34479

New Mailing Address:

2425 NE 18 PLACE
SUITE # 102
OCALA, FL 34470

FEI Number: 20-1457534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVE, JUAN CARLOS
2570 NE 35 ST
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTOS, MARY
Address: 2570 NE 35 ST
City-St-Zip: OCALA, FL 34479

Title: VP () Delete
Name: OLIVE, MAHE
Address: 14901 SW 4TH ST - APT A-2
City-St-Zip: PEMBROKE PINES, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: SANTOS, MARY
Address: 2570 NE 35 ST
City-St-Zip: OCALA, FL 34479

Title: VPT (X) Change () Addition
Name: OLIVE, JUAN CARLOS
Address: 14901 SW 4TH ST - APT A-2
City-St-Zip: PEMBROKE PINES, FL 33054

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: MARY SANTOS

P

01/22/2005

Electronic Signature of Signing Officer or Director

Date