2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2005 8:00 am
Secretary of State

04-08-2005 90064 037 ***150.00

DOCUMENT # P04000112125

1. Entity Name
HEALTH RESEARCH SERVICES INC.

Principal Place of Business	Mailing Address
1101 SW 1ST MIAMI, FL 33130	1101 SW 1ST MIAMI, FL 33130

66012254

03252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1101 SW 1ST STREET	1101 SW 1ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33130 Country: DADE	Zip: 33130 Country: DADE

4. FEI Number 20-1599129 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RAMALLO, VICTOR~~ 1101 SW 1ST MIAMI, FL 33130	Name: Victor Ramallo Street Address (P.O. Box Number is Not Acceptable): 6981 SW 9 St City: Pembroke Pines FL Zip Code: 33023

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMALLO, VICTOR	NAME	
STREET ADDRESS	% 1101 SW 1ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOLINA, JOSE	NAME	
STREET ADDRESS	% 1101 SW 1ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORALES, OSVALDO	NAME	
STREET ADDRESS	% 1101 SW 1ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Victor Ramallo 4/4/05 (305) 548-3062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #