2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130386

City-St-Zip: MIAMI, FL 33155

FILED Mar 15, 2005 Secretary of State

Entity Nan	ne: ZENITH MEDICAL SERVICES, INC.			
Current Pr	incipal Place of Business:	New Principal Place of	New Principal Place of Business:	
7235 W 2ND CT HIALEAH, FL 33014		7171 CORAL WAY 100 MIAMI, FL 33155		
Current Ma	ailing Address:	New Mailing Address	New Mailing Address:	
7235 W 2ND CT HIALEAH, FL 33014		7171 CORAL WAY 100 MIAMI, FL 33155		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
RODRIGUEZ, YAMILET 7235 W 2ND CT 11830 SW 24 TERRACE HIALEAH, FL 33014 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.				
	RE: JOSE J FERNANDEZ		03/15/2005	
Electronic Signature of Registered Agent		 nt	Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete FERNANDEZ, JESUS 7171 CORAL WAY, SUITE 100 MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete FERNANDEZ, JOSE 7171 CORAL WAY, SUITE 100 MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T () Delete FERNANDEZ, ANA 7171 CORAL WAY, SHITE 100	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JESUS FERNANDEZ PD 03/15/2005