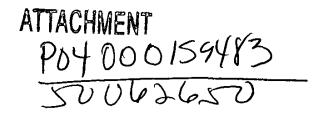
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000159483** 02-24-2005 90044 024 ***150.00 08-22-2005 90060 001 ***100.00 M T MEDICAL SERVICES, INC. 20062620 Principal Place of Business Mailing Address 6435 NW 199TH LANE 6435 NW 199TH LANE HIALEAH, FL 33015 HIALEAH, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272005 CR2E034 (10/03) Applied For City & State City & State FEI Numbe Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRIANA, MARTIN Street Address (P.O. Box Number is Not Acceptable) 6435 NW 199TH LANE HIALEAH, FL 33015 City Zip Code FL 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE Change ☐ Addition TRIANA, MARTIN NAME NAME STREET ADDRESS 6435 NW 199TH LANE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIP ☐ Delete TITLE 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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:

FILED



AUGUST 15, 2005

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TO WHOM IT MAY CONCERN:

I THE UNDERSIGNED MARTIN TRIANA OWNER OF MT MEDICAL SERVICES INC. BY THIS MEANS CERTIFY:

THAT I HAVEN'T RECEIVE THE UNIFORM BUSSINES REPORT FOR THE YEAR 2005 AND I JUST RECEIVE THIS CARD THAT SAYS INTENT TO DISSOLVE BUT I DIDN'T KNOW ANYTHING.

I WILL APPRECIATE IF YOU UNDERSTAND ME AND HELP ME ABOUT THIS MATTER I WILL GO TO THE POST OFFICE AND SEE WHAT IS WRONG WITH MY MAIL.

AND TO VERIFY THE ABOVE INFORMATION I AM SIGNING THIS LETTER IN FRONT OF A NOTARY PUBLIC OF THE STATE OF FLORIDA

MARTIN TRIANA

STATE OF FLORIDA COUNTY OF DADE

SWORN AND SUBSCRIBED BLEFT

NOTARY/FUBLIC

PURIFICACION MORENO
MY COMMISSION # DD 297249
EXPIRES: May 2, 2008
Bonded Thru Notary Public Underwriters