

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-24-2005 90044 024 ***150.00
08-22-2005 90060 001 ***100.00

30062650



07272005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000159483 1. Entity Name M T MEDICAL SERVICES, INC.					
Principal Place of Business 6435 NW 199TH LANE HIALEAH, FL 33015			Mailing Address 6435 NW 199TH LANE HIALEAH, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1928696	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRIANA, MARTIN 6435 NW 199TH LANE HIALEAH, FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Martin Triana</i> 8-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TRIANA, MARTIN 6435 NW 199TH LANE HIALEAH, FL 33015		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Martin Triana</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-15-2005 786-553-3473 <small>Date Daytime Phone #</small>		

ATTACHMENT

P04 000159483

50062650

AUGUST 15, 2005

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

X *Martin Triana*

MARTIN TRIANA

STATE OF FLORIDA

COUNTY OF DADE

SWORN AND SUBSCRIBED BEFORE ME

THIS 15 DAY OF August 2005

NOTARY PUBLIC

Purificacion Moreno

