


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90170 047 ***150.00

DOCUMENT # P04000168906 1. Entity Name HEALTH MEDICAL SOLUTIONS, INC.					
Principal Place of Business 11060 N. KENDALL DRIVE SUITE # 6 MIAMI, FL 33176			Mailing Address 5583 SW 8 STREET MIAMI, FL 33134		
2. Principal Place of Business 5583 SW 8 STREET		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI - FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-2048317	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, YADIRA 5583 SW 8 STREET MIAMI, FL 33134				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 _____ (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. <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	RDS RAMOS, YADIRA 11060 N. KENDALL DRIVE SUITE #6 MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDS Ramos, Yadira 5583 SW 8 Street MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTD RAMOS, JUAN F 11060 N. KENDALL DRIVE SUITE #6 MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTD Ramos, Juan F 5583 SW 8 Street MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<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	<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	<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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					