2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# P05000010818

Entity Name: HEALTH MEDICAL SYSTEM, INC.

Current Principal Place of Business:

3030 NW 7 AVE.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

3030 NW 7 AVE.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 71-0976917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRERA, JUAN
3030 NW 7 AVE.
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CABRERA, JUAN
Address: 9500 NW 77 AVE SUITE 24
City-St-Zip: HIALEAH, FL 33016

Title: O (X) Delete
Name: TORRECILLA, OSCAR O OFFICER
Address: 8004 NW 154 ST # 259
City-St-Zip: MIAMI, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CABRERA, JUAN
Address: 3030 NW 7 AVE
City-St-Zip: MIAMI, FL 33127

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: JUAN CABRERA PD 01/11/2007

Electronic Signature of Signing Officer or Director Date