

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90330 036 \*\*\*150.00

<b>DOCUMENT # P05000040869</b>					
<b>1. Entity Name</b> P.A.C. MEDICAL SERVICES, CORP.					
<b>Principal Place of Business</b> 14021 NW 20 CT OPA LOCKA, FL 33054			<b>Mailing Address</b> 14021 NW 20 CT OPA LOCKA, FL 33054		
<b>2. Principal Place of Business</b> 3064 W. 12 Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3064 W. 12 Avenue Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b> MIAMI, FLORIDA		<b>4. FEI Number</b> 20-2569059	
<b>Zip</b> 33012		<b>Country</b> U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CARRION-PENA, ALBERTO 14021 NW 20 CT OPA LOCKA, FL 33054			<b>7. Name and Address of New Registered Agent</b> Name: <u>ROIR LARCA</u> Street Address (P.O. Box Number is Not Acceptable): <u>3064 W. 12 Avenue</u> City: <u>MIAMI</u> <b>FL</b> <u>33012</u>		
<b>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.</b> SIGNATURE: <u>RGJ</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/29/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PSD <b>NAME</b> CARRION-PENA, ALBERTO <b>STREET ADDRESS</b> 14021 NW 20 CT <b>CITY-ST-ZIP</b> OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT - TREASURER <b>NAME</b> ROIR LARCA <b>STREET ADDRESS</b> 3064 W. 12 Avenue <b>CITY-ST-ZIP</b> MIAMI, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> VICE-PRESIDENT - Secretary <b>NAME</b> EJUSMAR J. PEÑA <b>STREET ADDRESS</b> 3064 W. 12 Avenue <b>CITY-ST-ZIP</b> MIAMI, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>RGJ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/29/06 - 305-231-5032</u> Date Daytime Phone #		