

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041943

FILED
May 09, 2006
Secretary of State

Entity Name: MED-LINE MEDICAL SERVICES CORP

Current Principal Place of Business:

851 SE 5 PL
HIALEAH, FL 33010 US

New Principal Place of Business:

85 GRAND CANAL DR
310
MIAMI, FL 33144 US

Current Mailing Address:

851 SE 5 PL
HIALEAH, FL 33010 US

New Mailing Address:

85 GRAND CANAL DRIVE
310
MIAMI, FL 33144 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PADRON, REINA E
851 SE 5 PL
HIALEAH, FL 33010 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PADRON, REINA E
Address: 851 SE 5 PL
City-St-Zip: HIALEAH, FL 33010 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: REINA E PADRON

P

05/09/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date