2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# P05000074571

Entity Name: DADE COUNTY MEDICAL SERVICES, INC.

Current Principal Place of Business:

2176 NW 7TH ST.
MIAMI, FL 33125

New Principal Place of Business:

4864 NW 7 ST
MIAMI, FL 33126

Current Mailing Address:

2176 NW 7TH ST.
MIAMI, FL 33125

New Mailing Address:

4864 NW 7 ST
MIAMI, FL 33126

FEI Number: 13-4300351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO, LOIMIR C.
2176 NW 7TH ST.
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

DELGADO, LOIMIR C.
4864 NW 7 ST
MIAMI, FL 33126 US

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: LOIMIR DELGADO 01/23/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DELGADO, LOIMIR C.
Address: 2176 NW 7TH ST.
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DELGADO, LOIMIR C.
Address: 4864 NW 7 ST
City-St-Zip: MIAMI, FL 33126

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: LOIMIR DELGADO P 01/23/2006
Electronic Signature of Signing Officer or Director Date