

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075508

FILED
Aug 03, 2006
Secretary of State

Entity Name: MEDICAL APPLICATION SPECIALIST OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4736 SW 24TH AVE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

450 NORTH PARK ROAD
SUITE 601
HOLLYWOOD, FL 33021

Current Mailing Address:

4736 SW 24TH AVE
FT. LAUDERDALE, FL 33312

New Mailing Address:

450 NORTH PARK ROAD
SUITE 601
HOLLYWOOD, FL 33021

FEI Number: 20-3529747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGELS, GABRIELA
4736 SW 24TH AVE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

ENGELS, GABRIELA
450 NORTH PARK ROAD
SUITE 601
HOLLYWOOD, FL 33021 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: GABRIELA ENGELS

08/03/2006

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: DPST () Delete
Name: ENGELS, GABRIELA
Address: 4736 SW 24TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ENGELS, GABRIELA
Address: 450 NORTH PARK ROAD, SUITE 601
City-St-Zip: HOLLYWOOD, FL 33021

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: GABRIELA ENGELS

DPST

08/03/2006

Electronic Signature of Signing Officer or Director

Date