## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000108572** 

1. Entity Name MED-SERVICES, INC.

Principal Place of Business

Mailing Address

3091 SUNRISE LAKES DR. E #301 SUNRISE, FL 33322

3091 SUNRISE LAKES DR. E #301 SUNRISE, FL 33322

**FILED** Mar 26, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 75-3197966 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

03212007

Fee Required

786-546 x 294

CR2E034 (11/05)

GONZALEZ, RENE 3091 SUNRISE LAKES DR. E #301 SUNRISE, FL 33322

## DO NOT WRITE IN THIS SPACE

No Chg-P

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.					
SIGNATURE					
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZLAEZ, RENE 3091 SUNRISE LAKES DR. E #301 SUNRISE, FL 33322				
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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 expeddress, with all other like empowered.					