2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# P05000136305

Entity Name: SENIORS MEDICAL SERVICE, INC.

Current Principal Place of Business:

540 NW 165TH STREET ROAD SUITE 210
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

540 NW 165TH STREET ROAD SUITE 210
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: 20-3883662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, MOISES
540 NW 165TH STREET ROAD SUITE 210
NORTH MIAMI BEACH, FL 33169 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MORALES, MOISES
Address: 540 NW 165TH STREET ROAD SUITE 210
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORALES, MOISES
Address: 540 NW 165TH STREET ROAD SUITE 210
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: MOISES MORALES PD 07/13/2006

Electronic Signature of Signing Officer or Director Date