

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000065739

1. Entity Name
H. D. REYES MEDICAL SERVICES, INC.



Principal Place of Business
126 PINE LAKE DR
SATSUMA, FL 32189

Mailing Address

126 PINE LAKE DR
SATSUMA, FL 32189

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
02-0777429

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, HECTOR D JR
126 PINE LAKE DR
SATSUMA, FL 32189

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
REYES, HECTOR D JR
126 PINE LAKE DR
SATSUMA, FL 32189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
REYES, MARY ELLEN
126 PINE LAKE DR
SATSUMA, FL 32189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Delete

Delete

Delete

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 an address with all other like empowered.

SIGNATURE:

Mary Ellen V. Reyes - Sattrae. 4/26/07

(386)649-4149

Date

Daytime Phone #

66015984



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04-30-2007 90443 015 ***150.00

4/26/07