


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000081615 1. Entity Name SEVILLA MEDICAL SERVICES, CORP.	
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Principal Place of Business 1051 SW 117 CT. MIAMI, FL 33184	Mailing Address 1051 SW 117 CT. MIAMI, FL 33184
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5093230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BOZA, MYRNA L.  
1051 SW 117 CT.  
MIAMI, FL 33184

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEVILLA, THOMAS F. 1051 SW 117 CT. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOZA, MYRNA L. 1051 SW 117 CT. MIAMI, FL 33184
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IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_