2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115429

Entity Name: GREAT PRIDE MEDICAL SERVICES, INC.

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

915 SW 27 AVE 9629 NW 27TH AVE MIAMI, FL 33135 MIAMI, FL 33147 US

Current Mailing Address: New Mailing Address:

915 SW 27 AVE 9629 NW 27TH AVE MIAMI, FL 33135 MIAMI, FL 33147 US

FEI Number: 20-5501247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESTEBAN, JESUS
915 SW 27 AVE
MIAMI, FL 33135
US

NOGUEIRA, LAZARO
9629 NW 27TH AVE
MIAMI, FL 33147
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: LAZARO NOGUEIRA 03/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ESTEBAN, JESUS Name: NOGUEIRA, LAZARO

 Name:
 ESTEBAN, JESUS
 Name:
 NOGUEIRA, LAZARO

 Address:
 915 SW 27 AVE
 Address:
 9629 NW 27TH AVE

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 MIAMI, FL 33147

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: LAZARO NOGUEIRA PD 03/30/2007