

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051794

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** THE MEDICAL TESTING AND SERVICES CORPORATION

**Current Principal Place of Business:**

1080 E. INDIANTOWN ROAD  
201  
JUPITER, FL 33477

**New Principal Place of Business:**

7323 SW 134 PL  
MIAMI, FL 33183

**Current Mailing Address:**

1080 E. INDIANTOWN ROAD  
201  
JUPITER, FL 33477

**New Mailing Address:**

7323 SW 134 PL  
MIAMI, FL 33183

**FEI Number:** 26-3004023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTEVEZ, ANDRE  
12200 S.W. 8TH STREET  
STE 220  
MIAMI, FL 33184 US

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

ESTEVEZ, ANDRE  
7323 SW 134 PL  
MIAMI, FL 33183 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:

03/31/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Change (X) Addition  
Name: SMALL, P. DOUGLAS  
Address: 2411 KANNAPOLIS HWY  
City-St-Zip: CONCORD, NC 28027

Title: D ( ) Change (X) Addition  
Name: ESTEVEZ, ANDRE  
Address: 7323 SW 134 PL  
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify 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: ANDRE ESTEVEZ

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date