
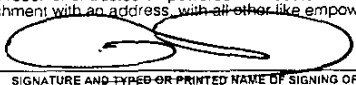


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 20 PM 4:21

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000790					
1. Entity Name U.S.A. MEDICAL SERVICES CORPORATION					
Principal Place of Business 7001 SW 97TH AVE 2ND FLOOR MIAMI, FL 33173 US			Mailing Address 7001 SW 97TH AVE 2ND FLOOR MIAMI, FL 33173 US		
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 65-0573163				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALTBY, ALFRED D DP 7001 SW 97TH AVE MIAMI, FL 33173			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, JULIAN P D 15 - 19 BLOOMSBURY WAY LONDON, XX WC1A 2 BA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, DEAN A D 15 - 19 BLOOMSBURY WAY LONDON, XX WC1A 2 BA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYREN, CHARLES W D 7001 S W 97TH AVENUE MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALTBY, ALFRED D DP 7001 S W 97TH AVENUE MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ-PREUSSE, FRANCISCO D 7001 S W 97TH AVENUE MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWAIN, CORINNA J S 7001 S W 97TH AVENUE MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Headley, John C. Russell House, Russell Mews Brighton, UK BN1 2HZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
			900082681709 12/20/06--01048--002 **\$61.25		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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. <i>Francisco</i>					
SIGNATURE: 		Lopez-Preusse 12-19-06		305-225-1400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	