


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P93000042705 |  |
| 1. Entity Name FLORIDA MEDICAL SERVICES, INC. | |

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| Principal Place of Business 4850 W OAKLAND PARK BLVD SUITE 145 FORT LAUDERDALE, FL 33313 US | Mailing Address 4850 W OAKLAND PARK BLVD SUITE 145 FORT LAUDERDALE, FL 33313 US |
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04202005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0424109 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HART, BRIAN A 2333 PONCE DE LEON BOULEVARD SUITE 303 CORAL GABLES, FL 33134-0000 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

UN00000335462
04/27/05-80083-017 150.00

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAUER, EDWARD A. (M.D) 4850 W OAKLAND PARK BOULEVARD, SUITE 145 FORT LAUDERDALE, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  4-25-05 954-739-0978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #