

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007342

**FILED**  
**Jul 13, 2004**  
**Secretary of State**

**Entity Name:** PALM SPRINGS MEDICAL SERVICES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

12133 PEMBROKE RD  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5137  
HIALEAH, FL 33014 US

**New Mailing Address:**

FEI Number: 65-0463205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, RAMON  
10185 COLLINS AVE.  
# 803  
BAL HARBOUR, FL 33154 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GARCIA, RAMON  
Address: 10185 COLLINS AVE., # 803  
City-St-Zip: BAL HARBOUR, FL 33154

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMON GARCIA

PRES

07/13/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date