

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007423

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: MEDICS MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

378 SW 12TH AVE  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4595  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 65-0493928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, MITCHELL  
351 S. CYPRESS ROAD  
SUITE #400  
POMPANO BEACH, FL 330607167 US

## Name and Address of New Registered Agent:

COHEN, MITCHELL  
378 SW 12 AVENUE  
DEERFIELD BEACH, FL 33442 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:

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COHEN, MALCOLM  
Address: 351 S. CYPRESS ROAD #400  
City-St-Zip: POMPAÑO BEACH, FL 330607167

Title: S ( ) Delete  
Name: COHEN, MITCHELL  
Address: 1776 E SUNRISE BLVD #400  
City-St-Zip: FT LAUDERDALE, FL

Title: V ( ) Delete  
Name: COHEN, ANDREW  
Address: 1776 E SUNRISE BLVD #400  
City-St-Zip: FT LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COHEN, MALCOLM  
Address: 378 SW 12 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S (X) Change ( ) Addition  
Name: COHEN, MITCHELL  
Address: 378 SW 12 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V (X) Change ( ) Addition  
Name: COHEN, ANDREW  
Address: 378 SW 12 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: MITCHELL COHEN

S

03/10/2006

Electronic Signature of Signing Officer or Director

Date