


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 009 ***150.00

DOCUMENT # P94000010113 1. Entity Name TELO MEDICAL SERVICES, INC.			
Principal Place of Business 1800 W 49 ST 92244 HIALEAH FL 33012 US		Mailing Address 2765 WEST 54TH STREET HIALEAH FL 33016 3282 S.W. 152 PL MIAMI, FL 33185	
2. Principal Place of Business 1800 W. 49 St. Suite, Apt. #, etc. 324-I		3. Mailing Address 3282 S.W. 152 PL Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State MIAMI, FL	
Zip 33012	Country Dade	Zip 33185	Country Dade
6. Name and Address of Current Registered Agent DIAZ, ELDA 2765 WEST 54TH STREET HIALEAH FL 33016 3282 S.W. 152 PL MIAMI - FL 33185		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 2-11-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT DIAZ, ELDA 2765 WEST 54TH STREET HIALEAH FL 3282 S.W. 152 PL MIAMI - FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: *[Signature]* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **2/11/05 (305) 301-6851** Daytime Phone #