2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000036078

1. Entity Name



FILED Mar 09, 2004 8:00 am **Secretary of State**

E & L MEDICAL SERVICES CORP.				7	
Principal Place of Business		Mailing Address			
3900 NW 79 AVE STE #636 MIAMI FL 33166 US		3900 NW 79 AVE STE #636 MIAMI FL 33166 US		A REPORTAL FOR THE MENT ALBUM DATIO CATE OF THE AND AND EXTREM THE	ROLL SE INNE
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		65-0495415	lied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addit Fee Required	ional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
مسرية ي		- · · ·	Name		
ESC 78 2 MIA	CALERA, LEONOR A SW 97 CT CIR 876 MI FL 33174	3 SW andf	ER Street Address	s (P.O. Box Number is Not Acceptable)	
	2 22,7,7		City	Zip Code	
				FL	
the obligation	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, a	nd accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E: Registered Agent signature requ		
			C. Negistared Agent signature requ	ured when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1; 2004 Fee will be \$550.00 k Payable to Florida Department	0	E. regulare Agent signature requ		May Be to Fees
Afte	r May 1; 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN	0	11.	9. Election Campaign Financing\$5.00	to Fees
Afte Make Check 10.	r May 1; 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN	of State	11. ITILE	9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added t	to Fees
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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: