

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088650

Entity Name: L.P.E. MEDICAL SERVICES, INC.

FILED
Mar 03, 2005
Secretary of State

Current Principal Place of Business:

9621 SW 40TH ST
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

13775 S.W. 23RD TERRACE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0538400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, LAZARO
13775 S.W. 23RD TERRACE
MIAMI, FL 33175 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: P () Delete
Name: LAZARO, PLASENCIA N
Address: 3177 S.W. 6 ST.
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: ESCOBAR, LAZARO
Address: 13775 S.W. 23 TERRACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAZARO, PLASENCIA N
Address: 7504 SW 122 PLACE
City-St-Zip: MIAMI, FL 33183

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: LAZARO ESCOBAR

VP

03/03/2005

Electronic Signature of Signing Officer or Director

Date