PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

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PACIFIC MEDICAL SERVICES, INC.	
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	MEDICAL SERVICES, INC.							
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Principal Place	e of Business	Mailing Address				BANK MANUA MANUA I	88:11 8 18 46 11518	10110 1011 1001
11880 SW 40 S		11880 SW 40 ST						
309A	**************************************	309A						
MIAMI FL 33155 MIAMI FL 33155					DO NOT WR	ITE IN THIS	SPACE	
us		υs			3. Date Incorporated or Qualifed	١,		1
					01/18/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0548291			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	I
22 * 3	<u> </u>	27	<u></u>		3. Continuate of Claude Belling		Fee Re	quired
City & Stat	e	City & State			Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip	Country	•	8. This corporation owes the cui	rent year Int		
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered	Agent	
4011	IERA, IVAN		81	Name				-
			82	Street Add	ress (P.O. Box Number is Not Accep	table)		
	11 SW 88 ST APT 203A					<u> </u>		
MIAN	MI FL 33186		83					{
			84	City			85 Zip (Code
				1	•	FL	. `	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named cor	poration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at	ithorized by	the corporat	tion's board of directors. I hereby acce	pt the appoi	ntment as re	gisterea
enent la		itions of, Section 607,0505, Fior	ida Statutes					1
agent. I a	minaminal with, and accept the conga	itions of, Section 607.0505, Flor	ida Statutes	i.				
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14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17-74-99

305-2210076

Daytime Phone #

CR2E034 (11/9