

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000026297

FILED
Feb 16, 2005
Secretary of State**Entity Name:** ULTIMATE MED SERVICES CORP.**Current Principal Place of Business:**13014A S.W. 120 ST.
MIAMI, FL 33186**New Principal Place of Business:****Current Mailing Address:**13014A S.W. 120 ST.
MIAMI, FL 33186**New Mailing Address:****FEI Number:** 65-0569388**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LOPEZ, HUMBERTO
13014A S.W. 120 ST.
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**BORRAYO, ALOINA D
13014A S.W. 120 ST.
MIAMI, FL 33186 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: ALOINA BORRAYO

02/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LOPEZ, HUMBERTO
Address: 13014 S.W. 120 ST.
City-St-Zip: MIAMI, FL 33186**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: BORRAYO, ALOINA D
Address: 13014 S.W. 120 ST.
City-St-Zip: MIAMI, FL 33186

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: ALOINA BORRAYO

P

02/16/2005

Electronic Signature of Signing Officer or Director

Date