2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attact

SIGNATURE:

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P95000032053 1. Entity Name BEYOND MEDICAL SERVICES, INC. Mailing Address Principal Place of Business 1163 WEST 70TH PLACE HIALEAH FL 33014 1163 WEST 70TH PLACE HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0583751 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABDALA, GILBERT Street Address (P.O. Box Number is Not Acceptable) 1163 WEST 70TH PLACE HIALEAH FL 33014 Zip Code City FL 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. DATE Signature, typed or portion name of registered agent and title if applicable (NOTE, Registered Agent signature required when tenstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May Ba 9. Electron Campaign Financing Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS tt. 10. ☐ Delete TITLE Change 🔲 Addition T)71.8-NAME NAME GILBERT, ABDALA U000000494800 SUBJECT ADDRESS STREET ADDRESS 1163 WEST 70TH PLACE 94/29/96-89958-819 150.00 City-st-ze CITY-ST-ZIP HIALEAH FL 33014 _____ ☐ Change Delete TIME THILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Marie: ☐ Change THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP EITY-SI-ZIP ☐ Change □ Add** ☐ Detete HITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-28P CITY-ST-ZIP □ #*."" Chance Chance Delete TITCE MARKE NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-7/P ☐ Delete Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information had that my signature shall have the same legal effect as if made under oath, that I am an officer or director lig/report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 impowered. 12. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and approx of the corporation or the receiver or fluestipe employer by the supplementary.

FICER OR DIRECTOR

FILED

3/26/06

Daytima Phone #