

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051016

FILED
Jul 24, 2007
Secretary of State

Entity Name: MEDICAL INSTITUTIONAL SERVICES, INC.

Current Principal Place of Business:

5807 N. ANDREWS WAY
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5807 N. ANDREWS WAY
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 86-1067212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADEROS, ROBERT
1483 SOUTH UNIVERSITY DR
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

MADEROS, ROBERT
5807 N. ANDREWS WAY
FORT LAUDERDALE, FL 33309 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: ROBERT MADEROS

07/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADEROS, ROBERT
Address: 1483 SOUTH UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADEROS, ROBERT
Address: 5807 N. ANDREWS WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT MADEROS

PD

07/24/2007

Electronic Signature of Signing Officer or Director

Date