

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087041

FILED
Sep 01, 2005
Secretary of State

Entity Name: GET WELL MEDICAL SERVICES, CORP.

Current Principal Place of Business:

933 1/2 STATE RD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

933 1/2 STATE RD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0622397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURTADO, ALIPIO A
933 1/2 S STATE ROAD 7
PLANTATION, FL 33317 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

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: PVST () Delete
Name: HURTADO, ALIPIO A
Address: 34 E 5TH ST
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: HURTADO, ALIPIO A
Address: 9745 SW 72ND ST., STE 208
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALIPIO A. HURTADO

PVST

09/01/2005

Electronic Signature of Signing Officer or Director

Date