2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P96000046566

Entity Name: EASTERN MEDICAL COURIER SERVICES, INC.

Current Principal Place of Business:

23635 A SOUTH DIXIE HWY
MIAMI, FL 33032

New Principal Place of Business:

Current Mailing Address:

23635 A SOUTH DIXIE HWY
MIAMI, FL 33032

New Mailing Address:

FEI Number: 65-0667514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUMER, KEITH T ESQ.
ONE EAST BROWARD BLVD.
SUITE 1501
FT. LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HIDALGO, EXZUN
Address: 23635 S DIXIE HWY
City-St-Zip: MIAMI, FL 33032

Title: D ( ) Delete
Name: AZOR, JORGE
Address: 23635 S DIXIE HWY
City-St-Zip: MIAMI, FL 33032

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEZCANO, MERCEDES
Address: 23635-A S DIXIE HWY
City-St-Zip: MIAMI, FL 33032

Title: D (X) Change ( ) Addition
Name: AZOR, JORGE
Address: 23635-A S DIXIE HWY
City-St-Zip: MIAMI, FL 33032

Title: D ( ) Change (X) Addition
Name: NUNEZ, NEISY
Address: 23635-A S DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33032

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: JORGE E AZOR D 04/26/2005

Electronic Signature of Signing Officer or Director — Date