

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046806

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** WORLD MEDICAL ENTERPRISES, INC.

**Current Principal Place of Business:**

1611 NW 12TH AVE  
DIAGNOSTIC TREATMENT CENTER D-114  
MIAMI, FL 33136 US

**New Principal Place of Business:**

**Current Mailing Address:**

8201 S.W. 111TH TERRACE  
MIAMI, FL 331564362 US

**New Mailing Address:**

FEI Number: 65-0671293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDEZ, MARIO A  
8201 S.W. 111TH TERRACE  
MIAMI, FL 331564362 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: P ( ) Delete  
Name: MENDEZ, MARIO A  
Address: 8201 S.W. 111TH TERRACE  
City-St-Zip: MIAMI, FL 331564362

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARIO A. MENDEZ

P

04/28/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date