

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000069051

1. Entity Name  
 D & Z MEDICAL SERVICES UNLIMITED, INC.



Principal Place of Business  
 801 W. 49 ST., STE. 214  
 HIALEAH, FL 33012

Mailing Address  
 801 W. 49 ST., STE. 214  
 HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0699853** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-FLORES, DIANA  
 1090 W. 48 ST.  
 HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1000000421839  
 02/16/06-80052-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PSD  
 NAME GONZALEZ FLORES, DIANA  
 STREET ADDRESS 1090 WEST 48 STREET  
 CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
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 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diana Gonzalez Flores 02/02/06 x(305)823-830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #  
 Diana Gonzalez Flores  
 President -