


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 045 ***150.00

DOCUMENT # P96000081768
 1. Entity Name
MEDICAL ADVISORY SERVICES, INC.



Principal Place of Business Mailing Address
 2514 HOLLYWOOD BLVD 2514 HOLLYWOOD BLVD
 SUITE 509 SUITE 509
 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020
 US US

Z0011407



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
2200 SW 118 AVE **2200 SW 118 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miramar, FL **Miramar, FL**

Zip Country Zip Country
33025 **USA** **33025** **USA**

4. FEI Number Applied For
65-0698757 Not Applicable

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

6. Name and Address of Current Registered Agent
JEWETT, CHARLES E
2514 HOLLYWOOD BLVD
SUITE 508
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERNANDEZ, KRISTINA 2514 HOLLYWOOD BLVD., #509 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kristina Hernandez* 2-11-05 954-430 9691
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #