

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000038248 1. Entity Name ELECTROMEDICINE SERVICE, INC.	
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Principal Place of Business 5111 SW 97TH AVENUE MIAMI, FL 33165 US	Mailing Address 5111 SW 97TH AVENUE MIAMI, FL 33165 US
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DO NOT WRITE IN THIS SPACE



03252006 No Chg-P CR2E034 (11/05)

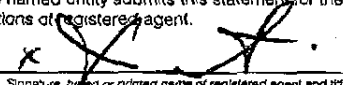
4. FEI Number 65-0758320	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**DIAZ, RAMON
5111 W 97 AVE
MIAMI, FL 33165**

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IN THIS SPACE**

9. 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: **4/4/06**

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
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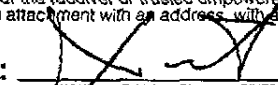
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, RAMON 5111 SW 97 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIAZ, LOURDES 5111 SW 97 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/25/06-80008-022 150.00

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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:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **4/4/06** DAYTIME PHONE: _____