2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000072564

1. Entity Name
MONZON MEDICAL SERVICES, CORP.

Principal Place of Business	Mailing Address
2651 SW 27 AVE SUITE B MIAMI, FL 33133-3043 US	300 NW 86 PL MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0775980	Not Applicable

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

6. Name and Address of Current Registered Agent

MONZON, PABLO J
300 NW 86TH PLACE
MIAMI, FL 33126-3894

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 _____   DATE _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONZON, PABLO J
STREET ADDRESS	300 NW 86TH PLACE
CITY-ST-ZIP	MIAMI, FL 331263894

TITLE	VP
NAME	ANGLADE, ALINA
STREET ADDRESS	300 NW 86TH PLACE
CITY-ST-ZIP	MIAMI, FL 331263894

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000774177
01/07/08--80004-007 150.00

DO NOT WRITE IN THIS SPACE

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: _Pablo J. Monzon_   01/04/2008   7865430699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #