2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90050 009 ***158.75

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1. Entity Name
PRINCIPAL MEDICAL SERVICES, INC.

50058092

Principal Place of Business	Mailing Address
5490 PALM AVENUE HIALEAH, FL 33012 US	5490 PALM AVENUE HIALEAH, FL 33012 US

07212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0867104
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMAS, ANA M
5490 PALM AVENUE
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 _____ 7-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LAMAS, ANA M
STREET ADDRESS	18394 N.W. 61ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
500058092

July 20, 2005

Reinstatement Department
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

REF: PRINCIPAL MEDICAL SERVICES, INC.
P98000085247

To whom this may concern:

I am submitting my corporation reinstatement form. We did not receive any reinstatement notices from your department for the year 2005. If you could please waive the reinstatement fees I would really appreciate it. This corporation has not had any activity because we are pending licensing from Medicare. I am sending you a total of $158.75 for reinstatement fees and a certificate of status.

Thank you,

Ana M. Lamas
President