
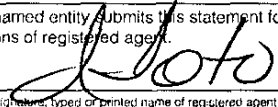
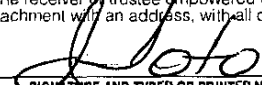


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90250 042 ***150.00

DOCUMENT # P98000101020 1. Entity Name MEDICAL CONSULTANTS SERVICES, INC.																													
Principal Place of Business 5520 SW 8TH STREET CORAL GABLES, FL 33134			Mailing Address 5520 SW 8TH STREET CORAL GABLES, FL 33134																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0892528																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COLUNGA, ALFREDO 4337 NW 4 ST MIAMI, FL 33126				7. Name and Address of New Registered Agent Name JUANA SOTO Street Address (P.O. Box Number is Not Acceptable) 12195 SW 10 ST #5 City MIAMI FL 33184																									
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: 4/8/2004																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLUNGA, ALFREDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4337 NW 4 STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	COLUNGA, ALFREDO		STREET ADDRESS	4337 NW 4 STREET		CITY - ST - ZIP	MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">JUANA C. SOTO</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>12195 SW 10 ST #5</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33184</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	JUANA C. SOTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	12195 SW 10 ST #5		STREET ADDRESS	MIAMI, FL 33184		CITY - ST - ZIP		
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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:  Date: 4/8/04																													