

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033969

Entity Name: RELIANT MEDICAL SERVICES, INC.

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

9240 NW 44 CT
CORAL SPRINGS, FL 33065

New Principal Place of Business:

2620 NW 15TH COURT
PAMPANO BEACH, FL 33069

Current Mailing Address:

9240 NW 44 CT
CORAL SPRINGS, FL 33065

New Mailing Address:

2620 NW 15TH COURT
PAMPANO BEACH, FL 33069

FEI Number: 65-0908929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDULLAH, GULSHAKAR
9240 NW 44 COURT
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: ABDULLAH, GULSHAKAR
Address: 9240 NW 44 CT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR () Change (X) Addition
Name: MITHAVAYANI, ANWAR
Address: 9240 NW 44TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANWAR MITHAVAYANI

CEO

02/23/2006

Electronic Signature of Signing Officer or Director

Date