
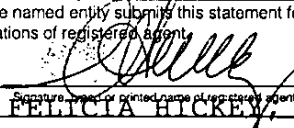
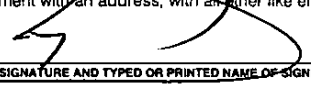


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90326 005 \*\*\*150.00

<b>DOCUMENT # P99000058812</b> 1. Entity Name <b>ALL-MED MANAGEMENT SYSTEMS, INC.</b>					
Principal Place of Business <b>14101 COMMERCE WAY MIAMI LAKES, FL 33016</b>			Mailing Address <b>14101 COMMERCE WAY MIAMI LAKES, FL 33016</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03102005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-1080338</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILSON, J. EVERETT 2151 LE JEUNE ROAD, MEZZANINE CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>CORPORATION COMPANY OF MIAMI</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Blvd.</b> Suite 1500 (EJW) City <b>Miami</b>		
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.			FL Zip Code <b>33131</b>		
SIGNATURE  <b>FELICIA HICKY, Asst. Secretary of Corporation Company of Miami</b>			DATE <b>3-21-05</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RODRIGUEZ, RAUL</b> <b>14101 COMMERCE WAY</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>Raul Rodriguez, President</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>04-12-05</b> Daytime Phone # <b>305-824-0244</b>					

**50039546**

