

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061246

FILED  
May 03, 2004  
Secretary of State

Entity Name: ABSOLUTE MEDICAL SERVICES CORP.

## Current Principal Place of Business:

7222 TAFT STREET  
HOLLYWOOD, FL 33024 US

## New Principal Place of Business:

8409 WEST OAK HWY  
SENECA, SC 29678 US

## Current Mailing Address:

P O BOX 848157  
HOLLYWOOD, FL 33084 US

## New Mailing Address:

P O BOX 200  
TOWNVILLE, SC 29689 US

FEI Number: 65-0939243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIESE, MELISA  
8841 SUNRISE LAKE BLVD.  
BLDG 68 APT 204  
SUNRISE, FL 33322 US

## Name and Address of New Registered Agent:

WIESE, MELISA  
10871 SW 26 STREET  
MIAMI, FL 33165 US

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: MELISA WIESE

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WIESE, KEITH E  
Address: PO BOX 200  
City-St-Zip: TOWNVILLE, SC 29689

Title: V ( ) Delete  
Name: WIESE, MELISA G  
Address: PO BOX 200  
City-St-Zip: TOWNVILLE, SC 29689

Title: S ( ) Delete  
Name: WIESE, KEITH E  
Address: PO BOX 200  
City-St-Zip: TOWNVILLE, SC 29689

Title: D ( ) Delete  
Name: WIESE, MELISA G  
Address: PO BOX 200  
City-St-Zip: TOWNVILLE, SC 29689

Title: T ( ) Delete  
Name: WIESE, MELISA G  
Address: PO BOX 200  
City-St-Zip: TOWNVILLE, SC 29689

Title: T ( ) Delete  
Name: WIESE, KEITH E  
Address: PO BOX 200  
City-St-Zip: TOWNVILLE, SC 29689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELISA WIESE

V

05/03/2004

Electronic Signature of Signing Officer or Director

Date