

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29254

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** PRIMARY MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

2180 NW 19TH AVE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

5890 SW 34TH STR  
MIAMI, FL 33155 US

**Current Mailing Address:**

2180 NW 19TH AVE  
MIAMI, FL 33142 US

**New Mailing Address:**

5890 SW 34TH STREET  
MIAMI, FL 33155 US

**FEI Number:** 65-0247108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REY, IVETTE  
2180 NW 19TH AVE  
MIAMI, FL 331425 US

**Name and Address of New Registered Agent:**

REY, IVETTE  
5890 SW 34TH ST  
MIAMI, FL 33155 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:

04/29/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REY, IVETTE  
Address: 2180 NW 19TH AVE  
City-St-Zip: MIAMI, FL 33142 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REY, IVETTE  
Address: 5890 SW 34TH ST  
City-St-Zip: MIAMI, FL 33155 US

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: IVETTE REY

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date