# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2012**
**Secretary of State**

DOCUMENT# P00000048242

**Entity Name:** TRIPLE O MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

1515 N FLAGLER DRIVE
STE. 200
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N. FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number: 65-1015825** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OSIYEMI, OLAYEMI
1515 N FLAGLER DRIVE
STE 200
WEST PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

Title: P
Name: OSIYEMI, OLAYEMI
Address: 1515 N FLAGLER DRIVE STE 200
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: OLAYEMI OSIYEMI CEO 03/25/2012

Electronic Signature of Signing Officer or Director — Date