

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 05, 2009
Secretary of State**

DOCUMENT# P03000048437

Entity Name: GLOBAL MEDSERV, INC.

Current Principal Place of Business:

8337 NW 142 STREET
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

8316 NW 144TH TERRACE
MIAMI LAKES, FL 33016 US

Current Mailing Address:

8337 NW 142 STREET
MIAMI LAKES, FL 33016 US

New Mailing Address:

8316 NW 144TH TERRACE
MIAMI LAKES, FL 33016 US

FEI Number: 42-1591854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
MIAMI, FL 33145 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: PD () Delete
Name: FERNANDEZ, WALTER
Address: 8337 NW 142 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: SD (X) Delete
Name: FERNANDEZ, WALTER
Address: 8337 NW 142 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: DV (X) Delete
Name: FERNANDEZ, WALTER
Address: 8337 NW 142 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD (X) Change () Addition
Name: FERNANDEZ, WALTER
Address: 8316 NW 144TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

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 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: WALTER FERNANDEZ

P

08/05/2009

Electronic Signature of Signing Officer or Director

Date