

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004850

FILED
Mar 30, 2009
Secretary of State

Entity Name: ACCURATE MEDICAL SCREENING, INC.

Current Principal Place of Business:

1850 LEE RD.
#216
WINTER PARK, FL 32789 US

Current Mailing Address:

1850 LEE RD.
#216
WINTER PARK, FL 32789 US

New Principal Place of Business:

1850 LEE RD.
#320
WINTER PARK, FL 32789 US

New Mailing Address:

1850 LEE RD.
#320
WINTER PARK, FL 32789 US

FEI Number: 20-2051904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARMA, BOB A
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORMAN, GERALD
Address: 1850 LEE RD. #216
City-St-Zip: WINTER PARK, FL 32789 US

Title: S/T () Delete
Name: VARMA, BOB A
Address: 610 CROWN OAK CENTRE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: CARVER, CHARLES
Address: 121 NIGHT OWL COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORMAN, GERALD
Address: 1850 LEE RD. #320
City-St-Zip: WINTER PARK, FL 32789 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: GERALD FORMAN

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date