

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004850

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ACCURATE MEDICAL SCREENING, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FORMAN, GERALD  
Address: 1850 LEE RD. #320  
City-St-Zip: WINTER PARK, FL 32789 US

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

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

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: GERALD FORMAN

P

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date