2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000137231

1. Entity Name
CANMERICA MEDICAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
2814 S. BAY STREET	2814 S. BAY STREET
EUSTIS, FL 32726	EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

05012006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1697401	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALMOND, CRAIG A
2814 S. BAY STREET
EUSTIS, FL 32726

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.　　(NOTE. Registered Agent signature required when reinstating)　　　　DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	CRAIG, SALMOND A
STREET ADDRESS	2814 S. BAY STREET
CITY-ST-ZIP	EUSTIS, FL 32727

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80007-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____Craig Salmond, Pres_____ Craig Salmond, Pres   4-30-06   352-589-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　　Date　　　Daytime Phone #