

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134551

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** FLORIDA PREMIER MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

8080 PASADENA BLVD  
SUITE B  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8080 PASADENA BLVD  
SUITE B  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 01-0846898      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANCHEZ, ALEJANDRO  
8080 PASADENA BLVD  
SUITE B  
PEMBROKE PINES, FL 33024 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:** SANCHEZ, ALEJANDRO  
**Address:** 8080 PASADENA BLVD  
**City-St-Zip:** PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEJANDRO SANCHEZ

PD

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date