


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043979
 1. Entity Name
PREMIER MEDICAL SOLUTIONS, INC.



Principal Place of Business 1904 DREW ST CLEARWATER, FL 33765 US	Mailing Address 1904 DREW ST CLEARWATER, FL 33765 US
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DO NOT WRITE IN THIS SPACE



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3449360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALLEN, KATHY
 1904 DREW ST
 CLEARWATER, FL 33765

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000091298
 03/18/04-80003-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, KATHY 1904 DREW ST CLEARWATER, FL 33765
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kathy Allen* **X3-16-04** **X727298-8200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #