

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017880

Entity Name: PREFERRED MEDICAL SERVICES, INC.

Current Principal Place of Business:

9000 S.W. 87 COURT, SUITE 219
MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 560130
MIAMI, FL 33256

FEI Number: 04-3606898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATARANGOLO, DENISE
9000 S.W. 87 COURT, SUITE 219
MIAMI, FL 33176 US

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

Officer/Director Detail :

Title PVD
Name MATARANGOLO, DENISE
Address 9000 S.W. 87 COURT, SUITE 219
City-State-Zip: MIAMI FL 33176

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: DENISE MATARANGOLO

PRESIDENT

04/24/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date