

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000017880

**Entity Name:** PREFERRED MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

10689 N KENDALL DRIVE  
SUITE 215  
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  
10689 N KENDALL DRIVE  
SUITE 215  
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: DENISE MATARANGOLO**

**04/19/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVD  
Name MATARANGOLO, DENISE  
Address 10689 N KENDALL DRIVE  
SUITE 215  
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**

**PVD**

**04/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date