**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 11, 2014**
**Secretary of State**
**CC6815112697**

DOCUMENT# P10000089092

**Entity Name:** PROFESSIONAL MEDICAL SERVICES & MANAGEMENT INC

**Current Principal Place of Business:**

315 WEST 9 ST
HIALEAH, FL 33010

**Current Mailing Address:**

315 WEST 9 ST
HIALEAH, FL 33010

**FEI Number: 27-3842194**

**Certificate of Status Desired:** No

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

LOPEZ, SANDY
315 WEST 9 ST - 2ND FLOOR
HIALEAH, FL 33010 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 | PRESIDENT |
| Name | LOPEZ, SANDY |
| Address | 315 WEST 9 ST 2ND FL |
| City-State-Zip: | HIALEAH FL 33010 |

*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: SANDY LOPEZ PRESIDENT 03/11/2014

Electronic Signature of Signing Officer/Director Detail — Date