

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092121

**FILED**  
**Apr 08, 2018**  
**Secretary of State**  
**CC3141446423**

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

**Current Principal Place of Business:**

401 GOLDEN ISLES DRIVE  
APT.501  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

401 GOLDEN ISLES DRIVE  
APT.501  
HALLANDALE BEACH, FL 33009 US

**FEI Number: 59-3604340**

**Certificate of Status Desired: No**

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

ASTAFAN, NICHOLAS J  
401 GOLDEN ISLES DRIVE  
APT.501  
HALLANDALE BEACH, FL 33009 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: NICHOLAS J ASTAFAN**

**04/08/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            ASTAFAN, NICHOLAS J  
Address        401GOLDEN ISLES DRIVE  
                  APT.501  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            OFFICER  
Name            ASTAFAN, CHARLES G  
Address        2181 SIESTA WOODS  
City-State-Zip: SARASOTA FL 34242

*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: NICHOLAS J ASTAFAN**

**PRESIDENT**

**04/08/2018**

Electronic Signature of Signing Officer/Director Detail

Date