

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092121

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**3808073488CC**

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

**Current Principal Place of Business:**

8963 SW 52ND STREET  
COOPER CITY, FL33328  
COOPER CITY, FL 33328

**Current Mailing Address:**

8963 SW 52ND STREET  
COOPER CITY, FL33328  
COOPER CITY, FL 33328 US

**FEI Number:** 59-3604340

**Certificate of Status Desired:** No

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

ASTAFAN, NICHOLAS J  
8963 SW 52ND STREET  
COOPER CITY, FL33328  
COOPER CITY, FL 33328 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

01/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            ASTAFAN, NICHOLAS J  
Address        8963 SW 52ND STREET  
                  COOPER CITY, FL33328  
City-State-Zip: COOPER CITY FL 33328

Title            OFFICER  
Name            ASTAFAN, CHARLES G  
Address        5140 SIESTA WOODS DR.  
City-State-Zip: SARASOTA FL 34242-1557

Title            EXECUTIVE SECRETARY  
Name            QUINONES, HILDA  
Address        8963 SW 52ND STREET  
                  COOPER CITY, FL33328  
City-State-Zip: COOPER CITY FL 33328

*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**

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date