

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092121

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

04/10/2017

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

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date