

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 004 \*\*\*150.00

**DOCUMENT # F05000007351**

1. Entity Name  
**DEPLOYED MEDICAL SOLUTIONS, INC.**



Principal Place of Business  
**4550 POST OAK PLACE, SUITE 175  
HOUSTON, TX 77027**

Mailing Address  
**4550 POST OAK PLACE, SUITE 175  
HOUSTON, TX 77027**

2. Principal Place of Business  
**TWO NORTHPOINT DR.**

3. Mailing Address  
**TWO NORTHPOINT DR.**

Suite, Apt. #, etc.  
**950**

Suite, Apt. #, etc.  
**950**

City & State  
**HOUSTON, TX**

City & State  
**HOUSTON, TX**

Zip  
**77060**

Country  
**HARRIS**

Zip  
**77060**

Country  
**HARRIS**

07112006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**05-0608328**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**REGISTERED AGENT SOLUTIONS, INC.  
1333 N DUVAL STREET  
TALLAHASSEE, FL 32303**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COHEN, CHARLES S 4550 POST OAK PLACE, SUITE 175 HOUSTON, TX 77027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT HORN, ROBERT J 4550 POST OAK PLACE, SUITE 175 HOUSTON, TX 77027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NATHAN, MARC H 4550 POST OAK PLACE, SUITE 175 HOUSTON, TX 77027	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TWO NORTHPOINT DR., SUITE 950 HOUSTON, TX 77060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TWO NORTHPOINT DR., SUITE 950 HOUSTON, TX 77060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ROBERT J. HORN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/11/06 (281) 820-7900**