2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000197

Entity Name: B & B MEDICAL SERVICES INC.

FILED Jaņ 06, 2<u>011</u> Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3899 NORTH W STREET #43

PENSACOLA, FL 32505

Current Mailing Address: New Mailing Address:

2236 N.W. 10TH AVE. 2236 N.W. 10TH AVE. SUITE 103 SUITE 103

OKLAHOMA CITY, FL 73107 OKLAHOMA CITY, OK 73107

FEI Number: 73-0998860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ESPEY, WILLIAM 3899 N.W. ST #43

PENSACOLA, FL 32505 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

OFFICERS AND DIRECTORS:

Title: CHRM

Name: LONG, WILLIAM H

2236 N.W. 10TH AVE. SUITE 103 Address: City-St-Zip: OKLAHOMA CITY, FL 73107

Title:

Name: LONG, WILLIAM H

2236 N.W. 10TH AVE. SUITE 103 Address: OKLAHOMA CITY, FL 73107 City-St-Zip:

Title:

ESPEY, WILLIAM Name:

2236 N.W. 10TH AVE. SUITE 103 Address: City-St-Zip: OKLAHOMA CITY, FL 73107

Title:

WILKERSON, STEVE Name: Address: 215 NW 19TH ST

City-St-Zip: OKLAHOMA CITY, OK 73103

Title:

Name: HOLT, JOHN 76 MURRY DR. Address: NEWALLA, OK 74857 City-St-Zip:

Title:

Name: WILKERSON, STEVE Address: 2236 NW 10TH STE 103 City-St-Zip: OKLAHOMA CITY, OK 73107

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.

VΡ SIGNATURE: WILLIAM ESPEY 01/06/2011