

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002819

FILED
Apr 30, 2008
Secretary of State

Entity Name: BARI MEDICAL MANAGEMENT SERVICE, INC.

Current Principal Place of Business:

101 CONVENTION CENTER DRIVE
#100
LAS VEGAS, NV 89109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27740
LAS VEGAS, NV 89126

New Mailing Address:

FEI Number: 26-0415507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINN, ADAM
2385 EXECUTIVE CENTER DRIVE
#100
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LINN, ADAM
Address: 2385 EXECUTIVE CENTER DRIVE SUITE
City-St-Zip: BOCA RATON, FL 33431

Title: ST () Delete
Name: LINN, ADAM
Address: 2385 EXECUTIVE CENTER DRIVE SUITE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADAM LINN

DIR

04/30/2008

Electronic Signature of Signing Officer or Director

Date