2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# G13805

Entity Name: F. H. MEDICAL SERVICES, INC.

Current Principal Place of Business:

5625 DIXIE DR., SUITE 7
P.O. BOX 6337
PENSACOLA, FL 32503 US

New Principal Place of Business:

5625 DIXIE DR., SUITE 12
P.O. BOX 6337
PENSACOLA, FL 32503 US

Current Mailing Address:

5625 DIXIE DRIVE, SUITE 7
P.O. BOX 6337
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-2243194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINSON, MICHAEL
5625 DIXIE STREET #7
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

HINSON, MICHAEL H
5625 DIXIE STREET #12
PENSACOLA, FL 32503 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: MICHAEL H. HINSON 01/03/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HINSON, MICHAEL H.
Address: PO BOX 6337
City-St-Zip: PENSACOLA, FL 32503

Title: P ( ) Delete
Name: HINSON, MICHAEL H
Address: 5625 DIXIE STREET #7
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HINSON, MICHAEL H
Address: PO BOX 6337
City-St-Zip: PENSACOLA, FL 32503

Title: P (X) Change ( ) Addition
Name: HINSON, MICHAEL H
Address: 5625 DIXIE STREET #12
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL H. HINSON P 01/03/2007
Electronic Signature of Signing Officer or Director Date