2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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01042008 Chg-P CR2E034 (12/06)

DOCUMENT # G13805

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

Principal Place of Business	Mailing Address
5625 DIXIE DR., SUITE #2 P.O. BOX 6337 PENSACOLA, FL 32503 US	5625 DIXIE DRIVE, SUITE #1 P.O. BOX 6337 PENSACOLA, FL 32503 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5625 Dixie Drive Suite # 1	5625 Dixie Drive
Suite, Apt. #, etc.: Suite # 1	Suite, Apt. #, etc.: Suite # 1
City & State: Pensacola, FL	City & State: Pensacola, Fl
Zip: 32503 Country: USA	Zip: 32503 Country: USA

4. FEI Number: 59-2243194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HINSON, MICHAEL H 5625 DIXIE STREET #12 PENSACOLA, FL 32503	Name: Michael H. Hinson Street Address (P.O. Box Number is Not Acceptable): 5625 Dixie Drive Suite #1 City: Pensacola FL Zip Code: 32503

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: Michael H. Hinson — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 1/4/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HINSON, MICHAEL H PO BOX 6337 PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HINSON, MICHAEL H 5625 DIXIE STREET #12 PENSACOLA, FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hinson, Michael H. 5625 Dixie Drive Suite #1 Pensacola, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hinson, Michael H. 5625 Dixie Street Suite # 1 Pensacola, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Michael H. Hinson / President — 1/4/08 — 850.478.5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #