

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27321

FILED
Mar 18, 2009
Secretary of State

Entity Name: INTERNATIONAL MEDICAL STUDENT DEVELOPMENT, INC.

Current Principal Place of Business:

% CHARLES R. MODICA
PO BOX 3947
BOYNTON BEACH, FL 33424 US

New Principal Place of Business:

CHARLES R. MODICA
454 SO. BEACH ROAD
HOBE SOUND, FL 33455 US

Current Mailing Address:

P.O. BOX 7351
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 59-2288953 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MODICA, CHARLES R.
454 SO. BEACH RD.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

MODICA, CHARLES R.
454 SO. BEACH RD.
HOBE SOUND, FL 33455 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: CHARLES R. MODICA

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MODICA, CHARLES R.
Address: P.O. BOX 3947 N/A
City-St-Zip: BOYNTON BEACH, FL

Title: DS () Delete
Name: MODICA, JOHN,
Address: P.O. BOX 3947 N/A
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MODICA, CHARLES R
Address: P.O. BOX 3947 N/A
City-St-Zip: BOYNTON BEACH, FL

Title: DS (X) Change () Addition
Name: MODICA, JOHN
Address: P.O. BOX 3947 N/A
City-St-Zip: BOYNTON BEACH, FL

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: CHARLES R. MODICA

DP

03/18/2009

Electronic Signature of Signing Officer or Director

Date