

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # G34688

1. Entity Name

CAMP MEDICAL PLACEMENT SERVICES, INC.



Principal Place of Business

% HELEN T. LOVELY
15323 SW 74 PL
MIAMI FL 33157
US

Mailing Address

% HELEN T. LOVELY
15323 SW 74 PL
MIAMI FL 33157
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number **59-2289228**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LOVELY, HELEN T.
15323 SW 74 PL
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and state if applicable.

(If OFF Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	LOVELY, HELEN	
STREET ADDRESS	15323 SW 74 PLACE	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	VP	☐ Delete
NAME	LOVELY, WARREN	
STREET ADDRESS	15323 SW 74 PLACE	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U00000900326	
CITY-STATE-ZIP	04/29/08-80024-018 150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *HELEN T. LOVELY* **HELEN T. LOVELY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2008 **305-233-9898**
DATE DAYTIME PHONE