

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # G74463

1. Entity Name
BIO-MEDICAL SERVICE CORP.



Principal Place of Business
**90 W JERSEY STREET
ORLANDO, FL 32806-4401**

Mailing Address
**90 W JERSEY STREET
ORLANDO, FL 32806-4401**



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2389648

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIAGNAULT, STEVEN
90 W JERSEY STREET
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

UN00000835963
02/29/08-80055-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAIGNAULT, STEVEN
STREET ADDRESS	166 MCKINLEY ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	VS
NAME	DAIGNAULT, CAROLYN M
STREET ADDRESS	1761 MISSOURI AVE.
CITY-ST-ZIP	SANFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Carolyn Daignault*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAROLYN DAIGNAULT

2-18-08
407-246-6377