

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04213

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: PROFESSIONAL MEDICAL SALES, INC.

## Current Principal Place of Business:

% REX HUNTER  
520 N. PARRAMORE AVE.  
ORLANDO, FL 328011123

## New Principal Place of Business:

520 N. PARRAMORE AVE  
ORLANDO, FL 328011123

## Current Mailing Address:

% REX HUNTER  
520 N. PARRAMORE AVE.  
ORLANDO, FL 328011123

## New Mailing Address:

520 N. PARRAMORE AVE.  
ORLANDO, FL 328011123

FEI Number: 59-2691945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUNTER, REX  
520 N. PARRAMORE AVE.  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUNTER, REX,  
Address: 520 N PARRAMORE AVE  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REX HUNTER,  
Address: 520 N PARRAMORE AVE  
City-St-Zip: ORLANDO, FL 32801

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: REX HUNTER

PRES

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date