

FILED
May 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J22049					
1. Entity Name CENTRAL MEDICAL SYSTEMS, INC.					
Principal Place of Business 830 EYRIE DRIVE SUITE 6-B OVIEDO, FL 32765 US			Mailing Address 107 NE 1ST AVE OCALA, FL 34470 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2711436	
5. Name and Address of Current Registered Agent HARLEY, ALAN T 530 LAKE MILLS RD CHULUOTA, FL 32768				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 fee if applicable. (NOTE: Registered Agent signature required when reinstated)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARLEY, ALAN T		NAME	U00000581044	
STREET ADDRESS	530 LAKE MILLS RD		STREET ADDRESS	05/18/06-80063-011	58.75
CITY-ST-ZIP	CHULUOTA, FL 32768		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARLEY, JOAN S		NAME		
STREET ADDRESS	530 LAKE MILLS RD		STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA, FL 32768		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/30/06 Daytime Phone # _____					