

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2711436

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

**HARLEY, ALAN T
530 LAKE MILLS RD
CHULUOTA, FL 32766**

**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 renating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000638548
02/27/07-80035-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARLEY, ALAN T
STREET ADDRESS	530 LAKE MILLS RD
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D
NAME	HARLEY, JOAN S
STREET ADDRESS	530 LAKE MILLS RD
CITY-ST-ZIP	CHULUOTA, FL 32766
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN T. HARLEY

Date

2/13/07

(407) 365-7580

Daytime Phone #