


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90206 025 \*\*\*150.00

**DOCUMENT # J51032**  
 1. Entity Name  
**GH MEDICAL SERVICES, INC.**



**40089552**



Principal Place of Business      Mailing Address  
**3599 UNIVERSITY BLVD. SOUTH SUITE B**      **3599 UNIVERSITY BLVD. SOUTH SUITE B**  
**SUITE B**      **SUITE B**  
**JACKSONVILLE, FL 32216**      **JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04242008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2742895**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**GEIGER, ALLAN T.**  
**1301 RIVERPLACE BLVD. SUITE 1500**  
**SUITE 800**  
**JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SNEED, GARY W</b> <b>3599 UNIVERSITY BLVD. SOUTH SUITE B</b> <b>JACKSONVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <input type="checkbox"/> Delete <b>BAER, DOUGLAS M</b> <b>77 TALLWOOD ROAD</b> <b>JACKSONVILLE BEACH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSTV</b> <input type="checkbox"/> Delete <b>SPIGEL, MICHAEL</b> <b>8631 SAN SERVERA DRIVE E</b> <b>JACKSONVILLE, FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,VP,ST</b> <input type="checkbox"/> Delete <b>Odin Berg</b> <b>3599 University Blvd., South</b> <b>Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Odin Berg      Odin Berg      04/25/08      (904)888-7488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #