

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51032

Entity Name: GH MEDICAL SERVICES, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH SUITE B
SUITE B
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH SUITE B
SUITE B
JACKSONVILLE, FL 32216

New Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
SUITE B
JACKSONVILLE, FL 32216

New Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
SUITE B
JACKSONVILLE, FL 32216

FEI Number: 59-2742895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD. SUITE 1500
SUITE 800
JACKSONVILLE, FL 32207 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: D () Delete
Name: SNEED, GARY W
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B
City-St-Zip: JACKSONVILLE, FL

Title: DCP () Delete
Name: BAER, DOUGLAS M
Address: 77 TALLWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DVP () Delete
Name: SPIGEL, MICHAEL
Address: 8631 SAN SERVERA DRIVE E
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SNEED, GARY W
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVST () Change (X) Addition
Name: BERG, ODIN G
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

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: ODIN BERG

DVST

04/27/2009

Electronic Signature of Signing Officer or Director

Date