


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K33600</b> 1. Entity Name DIVERSIFIED MEDICAL SURGICAL SPECIALTIES, INC.	
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**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 1633 SW 159TH AVENUE DAVIE, FL 33326	Mailing Address 1633 SW 159TH AVENUE DAVIE, FL 33326
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07092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2909850	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  NADEL, RONALD 1633 SW 159TH AVENUE DAVIE, FL 33326
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**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:  DATE: 7-11-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEL, RONALD 1633 SW 159TH AVENUE DAVIE, FL 33326
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U000000955221  
07/16/08-80006-016 158.75

**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:  DATE: 7-11-08 954-558-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR