2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60304

FILED Jan 19, 2009 Secretary of State

Entity Name: COORDINATED MEDICAL SPECIALISTS INC.

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Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	NIVERSITY DI KE PINES, FL		US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
	NIVERSITY DI KE PINES, FL		US			
FEI Number:	65-0107437	FEI Nur	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
3059 GRAI SUITE 300 MIAMI, FL The above	33133 US	submits t	this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUF						
	Electro	nic Signa	ture of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fu	ind Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (COHEN, AVRIE 2299 N. UNIVE PEMBROKE P	RSITY DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEMER, L. CR	NDALE BCH	H. BLVD., STE A . 330095542	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: L. CRAIG SEMER, DPM DS 01/19/2009