

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03550

FILED
May 02, 2007
Secretary of State

Entity Name: ALLEN MEDICAL SERVICES, INC.

Current Principal Place of Business:

6953 GALL BLVD.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

4675 PONCE DE LEON BLVD.
STE 302
MIAMI, FL 33146

New Mailing Address:

FEI Number: 59-2962913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, KEITH R
4675 PONCE DE LEON BLVD.
STE 302
MIAMI, FL 33146 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SDP () Delete
Name: ALLEN, EVELYN L
Address: 6945 GOLL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VD () Delete
Name: SETZER, JAMES
Address: 6945 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EA JOHNSON

D

05/02/2007

Electronic Signature of Signing Officer or Director

Date