

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09144

FILED
Apr 03, 2007
Secretary of State

Entity Name: EXTENDED MEDICAL SERVICES, INC.

Current Principal Place of Business:

926 BANNERMAN ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

926 BANNERMAN ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-2962245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVETT, JOHN C
106 E. COLLEGE AVE.
TALLAHASSEE, FL 32308 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: PD () Delete
Name: NESTOR, PATRICIA W
Address: 926 BANNERMEN RD.
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA W. NESTOR

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date