

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79992

FILED
Apr 04, 2005
Secretary of State

Entity Name: FLORIDA MEDICAL SCREENING, INC.

Current Principal Place of Business:

C/O FRED W. BREUCHE
20929 STATE ROAD 44
EUSTIS, FL 32736 US

New Principal Place of Business:

20929 STATE ROAD 44
EUSTIS, FL 32736 US

Current Mailing Address:

C/O FRED W. BREUCHE
20929 STATE ROAD 44
EUSTIS, FL 32736 US

New Mailing Address:

20929 STATE ROAD 44
EUSTIS, FL 32736 US

FEI Number: 59-3129415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREUCHE, FRED W.
20929 STATE ROAD 44
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

BREUCHE, FRED
20929 STATE ROAD 44
EUSTIS, FL 32736 US

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: FRED BREUCHE

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: BREUCHE, FRED
Address: 20929 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: DPS () Delete
Name: CAROLYN, BREUCHE L
Address: 20929 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: V () Delete
Name: MULLEN, JOHN
Address: 20921 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CAROLYN, BREUCHE L
Address: 20929 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: P (X) Change () Addition
Name: MULLEN, JOHN
Address: 20921 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: VS () Change (X) Addition
Name: MULLEN, CHERYL
Address: 20921 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRED BREUCHE

DT

04/04/2005

Electronic Signature of Signing Officer or Director

Date