

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79992

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: FLORIDA MEDICAL SCREENING, INC.

**Current Principal Place of Business:**

20929 STATE ROAD 44  
EUSTIS, FL 32736 US

**New Principal Place of Business:**

**Current Mailing Address:**

20929 STATE ROAD 44  
EUSTIS, FL 32736 US

**New Mailing Address:**

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  
20929 STATE ROAD 44  
EUSTIS, FL 32736 US

**Name and Address of New Registered Agent:**

BREUCHE, FRED W  
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      04/02/2008  
\_\_\_\_\_  
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: D ( ) Delete  
Name: CAROLYN, BREUCHE L  
Address: 20929 STATE ROAD 44  
City-St-Zip: EUSTIS, FL 32736

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

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

Title: V ( ) Delete  
Name: MULLEN, WILLIAM T  
Address: 1228 WHITEWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: FRED BREUCHE      T      04/02/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date