2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000000511

FILED Apr 27, 2006 Secretary of State

Entity Name: COMPU MED MEDICAL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	K IRONWOOI FL 32724	D DR.		
urrent Mailing Address:		ss:	New Mailing Address:	
94 BLAC ELAND,	K IRONWOOI FL 32724	D DR.		
I Number	: 59-3620662	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
94 BLAC	VICKI A K IRONWOOI FL 32724	D DR. US		
ie above	e named entity	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
ne above the Stat	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
ne above the Stat	e named entity e of Florida. RE:	·		ed office or registered agent, or both Date
ie above the Stati	e named entity e of Florida. RE:Electro	submits this statement for the particles of Registered Againg Trust Fund Contribution ().		
ne above the Stat GNATU ection Ca	e named entity e of Florida. RE:Electro	nic Signature of Registered Age	ent	
ne above the Stat GNATU ection Ca	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTED P (HANSON, VIC	nic Signature of Registered Age ng Trust Fund Contribution (). CTORS:) Delete KI A ONWOOD DR.	ent	Date
e above the Stati GNATU ection Ca FFICER e: me: dress:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT P (HANSON, VIC 694 BLACK IR DELAND, FL VS (HANSON, GRI	nic Signature of Registered Age ng Trust Fund Contribution (). CTORS:) Delete KI A ONWOOD DR. 32724) Delete EGORY N ONWOOD DR.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: GREGORY N. HANSON VS 04/27/2006