

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017734

FILED
Jan 03, 2008
Secretary of State

Entity Name: CUSTOM MEDICAL SERVICES/OBGYN INC.

Current Principal Place of Business:

406 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

406 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0987071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABOR, MARK L
406 SW 12TH AVENUE AVENUE
DEERFIELD BEACH, FL 33442 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: D () Delete
Name: TABOR, MARK L
Address: 2607 N W 48TH STREET
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: TURNOFF, BYRON
Address: 5965 PINEBROOK DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TURNOFF, BYRON
Address: 5965 PINEBROOK DRIVE
City-St-Zip: BOCA RATON, FL 33433

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: BYRON TURNOFF

D

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date