

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000026796

**Entity Name:** WARD MEDICAL SERVICES, INC.

**FILED**  
**Jul 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2441 HIGHWAY U.S.1 SOUTH  
SUITE 2431-2435  
SAINT AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

2431-2435 HIGHWAY U.S.1 SOUTH  
SAINT AUGUSTINE, FL 32086 US

**Current Mailing Address:**

2441 HIGHWAY U.S.1 SOUTH  
SUITE 2431-2435  
SAINT AUGUSTINE, FL 32086 US

**New Mailing Address:**

2431-2435 HIGHWAY U.S.1 SOUTH  
SAINT AUGUSTINE, FL 32086 US

**FEI Number:** 59-3634602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOLES, JOSEPH L JR.  
19 RIBERIA ST.  
ST. AUGUSTINE, FL 32084 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WARD, CHARLES E PRES  
Address: 10 LEE DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: CHARLES EARL WARD

PRES

07/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date