

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002548

**FILED**  
**Aug 24, 2006**  
**Secretary of State**

**Entity Name:** LEGAL MEDICAL SUPPORT CORP.

**Current Principal Place of Business:**

515 44 AVENUE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

515 N 44TH AVENUE  
HOLLYWOOD, FL 33021-590 1

**Current Mailing Address:**

515 44 AVENUE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

515 N 44TH AVENUE  
HOLLYWOOD, FL 33021-590 1

**FEI Number:** 65-1075094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUGIN, EDGARDO  
515 44 AVENUE  
HOLLYWOOD, FL 33021 US

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

BUGIN, EDGARDO  
515 N 44TH AVENUE  
HOLLYWOOD, FL 330215901 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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/24/2006

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BUGIN, EDGARDO  
Address: 515 44 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: PSTD (X) Change ( ) Addition  
Name: BUGIN, EDGARDO  
Address: 515 N 44TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021-590 1

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: EDGARDO BUGIN

Electronic Signature of Signing Officer or Director

PSTD

08/24/2006

Date