

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058160

FILED
Apr 22, 2011
Secretary of State

Entity Name: CERTIFIED MEDICAL ASSIGNMENTS, INCORPORATED

Current Principal Place of Business:

873 W BAY DR #186
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

873 W BAY DR #186
LARGO, FL 33770

New Mailing Address:

FEI Number: 59-3724939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTEN, LAWRENCE
873 W BAY DR #186
LARGO, FL 33770 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: DP
Name: MASTEN, LAWRENCE
Address: 873 W BAY DR #186
City-St-Zip: LARGO, FL 33770

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: LAWRENCE W MASTEN

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date