


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90011 033 \*\*\*150.00

<b>DOCUMENT # P02000062622</b>	
1. Entity Name <b>CERTIFIED MEDICAL SOLUTIONS, INC.</b>	

Principal Place of Business <b>7601 NORTH FEDERAL HIGHWAY 120B BOCA RATON, FL 33487</b>	Mailing Address <b>6865 NW 28TH STREET MARGATE, FL 33063</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>4410 NW 65 TER</b>  Suite, Apt. #, etc.
City & State  <b>LAUDERHILL</b>	City & State <b>LAUDERHILL</b>
Zip <b>33319</b>	Country <b>USA</b>

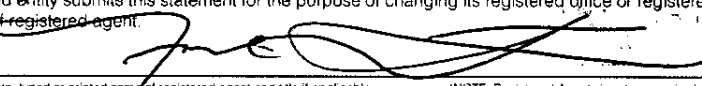
44022000



03282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  <b>JOEL WESTERMARCK 6865 NW 28TH STREET MARGATE, FL 33063</b>  <b>CHANGE OF ADDRESS</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>4410 NW 65 TER</b> City <b>LAUDERHILL</b> FL Zip Code <b>33319</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

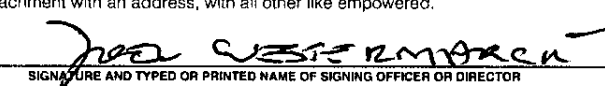
SIGNATURE:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WESTERMARCK, JOEL 6865 NW 28TH STREET MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. JOEL WESTERMARCK 4410 NW 65 TER LAUDERHILL FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENCER, KAREN 121 WIMBLEDON COURT PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **03/29/04** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR