

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133616

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: CERTIFIED MEDICAL SYSTEMS I, INC.

## Current Principal Place of Business:

2141 LOCH RANE BLVD  
SUITE 130  
ORANGE PARK, FL 32073

## New Principal Place of Business:

2141 LOCH RANE BLVD  
SUITE 116  
ORANGE PARK, FL 32073 US

## Current Mailing Address:

2141 LOCH RANE BLVD  
SUITE 130  
ORANGE PARK, FL 32073

## New Mailing Address:

2141 LOCH RANE BLVD  
SUITE 116  
ORANGE PARK, FL 32073 US

FEI Number: 22-3887747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTEPHEN, WASSIM B  
2141 LOCH RANE BLVD  
SUITE 130  
ORANGE PARK, FL 32073 US

## Name and Address of New Registered Agent:

DILLMAN, MICHAEL D V  
2141 LOCH RANE BLVD  
SUITE 116  
ORANGE PARK, FL 32073 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: MICHAEL D. DILLMAN

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: JACOB, DAVID A  
Address: 2141 LOCH RANE BLVD SUITE 130  
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Delete  
Name: ESTEPHAN, ZIAD  
Address: 2141 LOCH RANE BLVD SUITE 130  
City-St-Zip: ORANGE PARK, FL 32073

Title: P (X) Delete  
Name: RACHED, JOSEPH  
Address: 2141 LOCH RANE BLVD. SUITE 130  
City-St-Zip: PRANGE PARK, FL 32073

Title: V (X) Delete  
Name: ESTEPHAN, WASSIM  
Address: 2141 LOCH RANE BLVD. SUITE 130  
City-St-Zip: ORANGE PARK, FL 32073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RACHED, JOSEPH  
Address: 2141 LOCH RANE BLVD SUITE 116  
City-St-Zip: ORANGE PARK, FL 32073

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

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

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

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: MICHAEL D. DILLMAN

VP

04/22/2008

Electronic Signature of Signing Officer or Director

Date