

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000133620

FILED
Apr 20, 2009
Secretary of State

Entity Name: CERTIFIED MEDICAL SYSTEMS II, INC.

Current Principal Place of Business:

6122 SW STATE ROAD 200
OCALA, FL 34476

New Principal Place of Business:

7265 SW 62 AVE
UNIT1
OCALA, FL 34476

Current Mailing Address:

6122 SW STATE ROAD 200
OCALA, FL 34476

New Mailing Address:

7265 SW 62 AVE
UNIT1
OCALA, FL 34476

FEI Number: 22-3887742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB, DAVID A
6122 SW STATE ROAD 200
OCALA, FL 34476 US

Name and Address of New Registered Agent:

JACOB, DAVID A
7265 SW 62 AVE
UNIT 1
OCALA, FL 34476 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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOB, DAVID A
Address: 6122 SW STATE ROAD 200
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: JACOB, SANDRA K
Address: 6122 SW STATE ROAD 200
City-St-Zip: OCALA, FL 34476

Title: V () Delete
Name: DORSEY, THOMAS
Address: 6122 SW STATE ROAD 200
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACOB, DAVID A
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

Title: D (X) Change () Addition
Name: JACOB, SANDRA K
Address: 7265 SW 62 AVE UNIT1
City-St-Zip: OCALA, FL 34476

Title: V (X) Change () Addition
Name: DORSEY, THOMAS
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

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: DAVID A JACOB

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date