2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P02000133624

Entity Name: CERTIFIED MEDICAL SYSTEMS III, INC.

Current Principal Place of Business:

296 STATE RD 312
ST. AUGUSTINE, FL 32068 US

New Principal Place of Business:

296 STATE ROAD 312
ST. AUGUSTINE, FL 32086 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

FEI Number: 22-3887735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DILLMAN, MICHAEL D
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, JOESPH
Address: 2141 LOCH RANE BLVD SUITE 130
City-St-Zip: ORANGE PARK, FL 32073

Title: V (X) Delete
Name: WASSIM, ESTEPHAN
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