2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P02000133624

Entity Name: CERTIFIED MEDICAL SYSTEMS III, INC.

Current Principal Place of Business:

296 STATE ROAD 312
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

1572 US 1 S
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

2141 LOCH RANE BLVD
SUITE 116
ORANGE PARK, FL 32073

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 03/23/2009
Electronic Signature of Signing Officer or Director Date