

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 015 ***150.00

DOCUMENT # P03000014806

1. Entity Name
PHILCO MEDICAL SYSTEMS, INC.



Principal Place of Business

**9455 SOUTHAMPTON PL
BOCA RATON, FL 33434**

Mailing Address

**9455 SOUTHAMPTON PL
BOCA RATON, FL 33434**

2. Principal Place of Business - No P.O. Box #

3474 DEER CREEK PALLADIUM CIR

Suite, Apt. #, etc.

3. Mailing Address

3474 DEER CREEK PALLADIUM CIR

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33442

Country

Zip

33442

Country

03132007

Chg-P

CR2E034 (12/06)

4. FEI Number

56-2315070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ESCONDON, DIEGO
9455 SOUTHAMPTON PL
BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3474 DEER CREEK PALLADIUM CIR

City

DEERFIELD BEACH

FL

Zip Code

33442

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

Diego Escandon Sr.

DIEGO ESCANDON

3/13/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **ESCONDON, DIEGO**
STREET ADDRESS **357 HAMMOCKS TRAIL**
CITY-ST-ZIP **GREENACRES, FL 33413**

TITLE **DS** ☐ Delete
NAME **MATOS, ANGELA**
STREET ADDRESS **645 LAKEPOINT NORTH LANE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3474 DEER CREEK PALLADIUM CIR**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Diego Escandon Sr.

DIEGO ESCANDON

3/13/07

(954) 709-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #