

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000017190

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL SOFTWARE SYSTEMS, INC.

**Current Principal Place of Business:**

9135 SW 87 AVENUE  
MIAMI, FL 33176

**New Principal Place of Business:**

9000 SW 87 CT  
ST 209  
MIAMI, FL 33176

**Current Mailing Address:**

9135 SW 87 AVENUE  
MIAMI, FL 33176

**New Mailing Address:**

9000 SW 87 CT  
ST 209  
MIAMI, FL 33176

**FEI Number:** 30-0163636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREDA, ALEX  
9135 SW 87 AVENUE  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

PEREDA, ALEX  
9000 SW 87 CT  
ST 209  
MIAMI, FL 33176 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: ALEX PEREDA

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: PEREDA, ALEX  
Address: 9000 SW 87 CT. ST 209  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: PEREDA, ALEX  
Address: 9000 SW 87 CT. ST 209  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: ALEX PEREDA

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date