

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035689

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** MEDICAL OFFICE MANAGEMENT SUPPORT, INC.

**Current Principal Place of Business:**

9780 SW 145TH STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9780 SW 145TH STREET  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 13-4246949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOMERSTEIN, SCOTT G CPA  
2350 SW 18TH AVENUE  
FORT LAUDERDALE, FL 33315 US

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

SOMERSTEIN, SCOTT G CPA  
9611 MEMORIAL ROAD  
MIAMI, FL 33157 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: SCOTT SOMERSTEIN

04/30/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: WONG, ALICE  
Address: 9780 SW 145TH STREET  
City-St-Zip: MIAMI, FL 33176

**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: ALICE WONG

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date