2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048437

Entity Name: GLOBAL MEDSERV, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8337 NW 142 STREET 8337 NW 142 STREET

MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 US

Current Mailing Address: New Mailing Address:

8337 NW 142 STREET 8337 NW 142 STREET

MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 US

FEI Number: 42-1591854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FERNANDEZ, WALTER FERNANDEZ, WALTER Name: Name:

8337 NW 142 STREET 8337 NW 142 STREET Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016 US

() Delete Title: Title: SD (X) Change () Addition FERNANDEZ, WALTER Name: Name:

FERNANDEZ, WALTER 8337 NW 142 STREET 8337 NW 142 STREET Address: Address: MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition DV

FERNANDEZ, WALTER FERNANDEZ, WALTER Name: Name: 8337 NW 142 STREET 8337 NW 142 STREET Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016 US

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.

Ρ SIGNATURE: WALTER FERNANDEZ 04/21/2009