


**-2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90151 028 ***150.00

DOCUMENT # P03000096807 1. Entity Name PREMIER MEDICAL SERVICES, INC.	
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Principal Place of Business 7061C S TAMiami TRAIL SARASOTA, FL 34231	Mailing Address 7061C S TAMiami TRAIL SARASOTA, FL 34231
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20057773



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0586033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARDI, LES CPA
7061 S TAMiami TRAIL
SARASOTA, FL 34231-5559

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

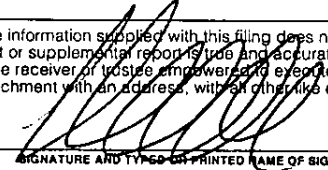
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD V P YAFFE, MICHAEL G MD 7061C ST. TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BARDIER, MURIEL 132 CHADY FINE LANE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD William E McComb 2828 S. TAMiami SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without the empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/28/05 941957 0200 Daytime Phone #