

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000096807

**FILED**  
**Dec 05, 2005**  
**Secretary of State**

**Entity Name:** PREMIER MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

2828 S. TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2828 S. TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 05-0586033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDI, LES CPA  
7061 S TAMIAMI TRAIL  
SARASOTA, FL 342315559 US

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

MCCOMB, WILLIAM E CEO  
7061 S TAMIAMI TRAIL  
SARASOTA, FL 342315559 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: WILLIAM.E.MCCOMB

12/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: YAFFE, MICHAEL G MD  
Address: 2828 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: PD ( ) Delete  
Name: MCCOMB, WILLIAM E  
Address: 2828 S. TAMIAMI  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FORD, ROBERT E MD  
Address: 2828 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: CEO (X) Change ( ) Addition  
Name: MCCOMB, WILLIAM E  
Address: 2828 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM.E.MCCOMB

CEO

12/05/2005

Electronic Signature of Signing Officer or Director

Date