# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2006**
**Secretary of State**

DOCUMENT# P03000117831

**Entity Name:** PRECISION MEDICAL SYSTEMS, INC

**Current Principal Place of Business:**

6713 NW 39TH LANE
LAUDERHILL, FL 33319

**New Principal Place of Business:**

20532 SW 324 ST
HOMESTEAD, FL 33030

**Current Mailing Address:**

6713 NW 39TH LANE
LAUDERHILL, FL 33319

**New Mailing Address:**

20532 SW 324 ST
HOMESTEAD, FL 33030

**FEI Number: 56-2437237** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GENTILE, JOHN D CPA
1601 N. PALM AVE SUITE 212
HOLLYWOOD, FL 33026 US

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

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:**

Title: PTSD ( ) Delete
Name: NIEVES, RAFAEL
Address: 6713 NW 39TH LANE
City-St-Zip: LAUDERHILL, FL 33319

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

Title: PTSD (X) Change ( ) Addition
Name: PORTILLO, MYRIAM E
Address: 20532 SW 324 ST
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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: MYRIAM PORTILLO P 03/16/2006

Electronic Signature of Signing Officer or Director Date