

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117831

Entity Name: PRECISION MEDICAL SYSTEMS, INC

FILED  
Feb 22, 2007  
Secretary of State

## Current Principal Place of Business:

20532 SW 324 ST  
HOMESTEAD, FL 33030

## New Principal Place of Business:

3661 S. MIAMI AVE  
SUITE 310  
MIAMI, FL 33133

## Current Mailing Address:

20532 SW 324 ST  
HOMESTEAD, FL 33030

## New Mailing Address:

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: PORTILLO, MYRIAM E  
Address: 20532 SW 324 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP ( ) Delete  
Name: NIEVES, RAFAEL  
Address: 20532 SW 324 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date