

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117831

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: PRECISION MEDICAL SYSTEMS, INC

## Current Principal Place of Business:

3661 S. MIAMI AVE  
SUITE 310  
MIAMI, FL 33133

## New Principal Place of Business:

213 COLD RIVER  
BOERNE, TX 78006

## Current Mailing Address:

1044 SW 10 ST  
MIAMI, FL 33130

## New Mailing Address:

213 COLD RIVER  
BOERNE, TX 78006

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:

NIEVES, MYRIAM  
213 COLD RIVER  
BOERNE, FL 78006 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: MYRIAM NIEVES

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: PORTILLO, MYRIAM E  
Address: 1044 SW 10 ST  
City-St-Zip: MIAMI, FL 33130 US

Title: VP ( ) Delete  
Name: NIEVES, RAFAEL  
Address: 1044 SW 10 ST  
City-St-Zip: MIAMI, FL 33130 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: NIEVES, MYRIAM E  
Address: 213 COLD RIVER  
City-St-Zip: BOERNE, TX 78006 US

Title: VP (X) Change ( ) Addition  
Name: NIEVES, RAFAEL  
Address: 213 COLD RIVER  
City-St-Zip: BOERNE, TX 78006 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.

SIGNATURE: MYRIAM NIEVES

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date