

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000117831

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

213 COLD RIVER  
BOERNE, TX 78006

**New Principal Place of Business:**

7750 CULEBRA RD  
APT 423  
SAN ANTONIO, TX 78251

**Current Mailing Address:**

213 COLD RIVER  
BOERNE, TX 78006

**New Mailing Address:**

7750 CULEBRA RD  
APT 423  
SAN ANTONIO, TX 78251

**FEI Number:** 56-2437237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIEVES, MYRIAM  
213 COLD RIVER  
BOERNE, FL 78006 US

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

NIEVES, MYRIAM  
7750 CULEBRA RD  
APT 423  
SAN ANTONIO, FL 78251 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:

04/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: NIEVES, MYRIAM E  
Address: 7750 CULEBRA RD  
City-St-Zip: SAN ANTONIO, TX 78251 US

I hereby 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 all other like empowered.

SIGNATURE: MYRIAM NIEVES

P

04/08/2012

Electronic Signature of Signing Officer or Director

Date