

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092007

FILED
Feb 14, 2007
Secretary of State

Entity Name: TRAUMATIC MEDICAL SERVICES, INC.

Current Principal Place of Business:

5518 WEST FLAGLER STREET
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

5518 WEST FLAGLER STREET
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 20-1248460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRANDA, GERARDO
9110 FOUNTAINEBLEAU BLVD.
#505
MIAMI, FL 33172 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: PS () Delete
Name: MIRANDA, GERARDO
Address: 9110 FOUNTAINEBLEAU BLVD. #505
City-St-Zip: MIAMI, FL 33172 US

Title: VP () Delete
Name: MIRABAL, SALVADOR C
Address: 5518 WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33134 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: GERARDO MIRANDA

PS

02/14/2007

Electronic Signature of Signing Officer or Director

Date