

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031339

FILED
Mar 28, 2011
Secretary of State

Entity Name: KAMS WHEELCHAIR SERVICE INC

Current Principal Place of Business:

8551 W SUNRISE BLVD
105 M
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

8551 W SUNRISE BLVD
105 M
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 20-4516970 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAXWELL, MARLENE L
8551 W SUNRISE BLVD
105 M
PLANTATION, FL 33322 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

OFFICERS AND DIRECTORS:

Title: D
Name: SUDU, LLOYD A
Address: 8551 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322 US

Title: PST
Name: MAXWELL, MARLENE
Address: 5427 NW 122 DR
City-St-Zip: CORAL SPRINGS, FL 33076

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: MARLENE MAXWELL

PST

03/28/2011

Electronic Signature of Signing Officer or Director

Date