

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050684

FILED
Jul 20, 2007
Secretary of State

Entity Name: PRESTIGE MEDICAL SERVICES INC.

Current Principal Place of Business:

16071 SW 147TH LN
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16071 SW 147TH LN
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-4702031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPS, YVONNE
16071 SW 147TH LN
MIAMI, FL 33196 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CAMPS, YVONNE
Address: 16071 SW 147TH LN
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: CAMPS, MIGUEL
Address: 16071 SW 147TH LN
City-St-Zip: MIAMI, FL 33196

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 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: YVONNE CAMPS

DPST

07/20/2007

Electronic Signature of Signing Officer or Director

Date