2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P06000080901

Entity Name: PERFECT MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

927 FERN STREET
SUITE 2110
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

695 S. WILMA ST
SUITE 109
LONGWOOD, FL 32750

Current Mailing Address:

306 BEVERLY CT
SANFORD, FL 32773

New Mailing Address:

FEI Number: 20-4980202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTIN, HILTON
306 BEVERLY CT
SANFORD, FL 32773 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: P ( ) Delete
Name: VALENTIN, AILEEN
Address: 306 BEVERLY CT
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AILEEN VALENTIN P 03/24/2009
Electronic Signature of Signing Officer or Director Date