2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# P06000131313

Entity Name: PALM BEACH MEDICAL SOLUTIONS CORP

Current Principal Place of Business:

617 N.DIXIE HIGHWAY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

617 N.DIXIE HIGHWAY
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 20-8647628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRERAS, CARLOS JR
617 N DIXIE HIGHWAY
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

CONTRERAS, CARLOS A
617 N DIXIE HIGHWAY
LAKE WORTH, FL 33460 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: CARLOS ALEXANDER CONTRERAS 03/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONTRERAS, CARLOS JR
Address: 617 N DIXIE HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: CONTRERAS, CARLOS A
Address: 617 N DIXIE HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460 US

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: CARLOS ALEXANDER CONTRERAS P/D 03/16/2007
Electronic Signature of Signing Officer or Director Date