# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2008**
**Secretary of State**

DOCUMENT# P07000028813

**Entity Name:** DMB MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

1851 SW 176TH AVENUE
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1851 SW 176TH AVENUE
MIRAMAR, FL 33029

**New Mailing Address:**

**FEI Number: 01-0891940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGAERT-HEINSEN, DAISY M
1851 SW 176TH AVENUE
MIRAMAR, FL 33029 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Change (X) Addition
Name: BOGAERT-HEINSEN, DAISY M
Address: 1851 SW 176TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

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: DAISY BOGAERT-HEISEN PD 01/23/2008
Electronic Signature of Signing Officer or Director Date