

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066330

FILED
Mar 08, 2009
Secretary of State

Entity Name: PROFESSIONAL MEDICAL SERVICES, INC.

Current Principal Place of Business:

1001 BERMUDA AVENUE
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1001 BERMUDA AVENUE
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 26-0422319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSGRAVE, LINDA G
1001 BERMUDA AVENUE
FT. PIERCE, FL 34982 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: PS () Delete
Name: MUSGRAVE, LINDA
Address: 1001 BERMUDA AVENUE
City-St-Zip: FT. PIERCE, FL 34982

Title: V () Delete
Name: HORVATH, JODI
Address: 1001 BERMUDA AVENUE
City-St-Zip: FT. PIERCE, FL 34982

Title: T () Delete
Name: MUSGRAVE, MATTHEW
Address: 1001 BERMUDA AVENUE
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA MUSGRAVE

PRES

03/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date