

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000066330

**FILED**  
**Feb 19, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MUSGRAVE, LINDA  
Address: 1001 BERMUDA AVENUE  
City-St-Zip: FT. PIERCE, FL 34982

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

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

I hereby 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 all other like empowered.

SIGNATURE: LINDA MUSGRAVE

PRES

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date