

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076419

**FILED**  
**Feb 05, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

371 ALLISON DRIVE SW  
PALM BAY, FL 32908

**New Principal Place of Business:**

200 RING AVE N.E.  
PALM BAY, FL 32905

**Current Mailing Address:**

PO BOX 110252  
PALM BAY, FL 32911

**New Mailing Address:**

FEI Number: 68-0653157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL, GAIUS  
371 ALLISON DRIVE SW  
PALM BAY, FL 32908 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: D ( ) Delete  
Name: HALL, GAIUS  
Address: PO BOX 110252  
City-St-Zip: PALM BAY, FL 32911

**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: GAIUS HALL

D

02/05/2009

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

\_\_\_\_\_ Date