2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P07000102476

Entity Name: ALL MEDICAL SERVICES, INC

Current Principal Place of Business:

100 E LINTON BLVD
118B
DELRAY BEACH, FL 33483

New Principal Place of Business:

1445 N CONGRESS AVE
10
DELRAY BEACH, FL 33445

Current Mailing Address:

100 E LINTON BLVD
118B
DELRAY BEACH, FL 33483

New Mailing Address:

1445 N CONGRESS AVE
10
DELRAY BEACH, FL 33445

FEI Number: 56-2676177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOBRICK, DANIEL
5275 GREY BIRCH LANE
BOYNTON BEACH, FL 33437 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: P ( ) Delete
Name: BOBRICK, DANIEL
Address: 5275 GREY BIRCH LANE
City-St-Zip: BOYNTON BEACH, FL 33437

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: DANIEL S BOBRICK P 02/24/2009

Electronic Signature of Signing Officer or Director — Date