

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000029338

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PALM MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

300 EAST OAKLAND PARK BLVD SUITE 322  
WILTON MANORS, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

300 EAST OAKLAND PARK BLVD SUITE 322  
WILTON MANORS, FL 33334

**New Mailing Address:**

**FEI Number:** 26-2221493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: D  
Name: GELMON, CORY  
Address: 300 EAST OAKLAND PARK BLVD SUITE 322  
City-St-Zip: WILTON MANORS, FL 33334

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: CORY GELMON

MR

04/20/2011

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

\_\_\_\_\_  
Date