

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059532

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

11037 SIPE LANE  
HOWEY IN THE HILLS, FL 34737

**New Principal Place of Business:**

**Current Mailing Address:**

11037 SIPE LANE  
HOWEY IN THE HILLS, FL 34737

**New Mailing Address:**

**FEI Number:** 90-0394863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDRY, STONER, CALANDRINO & BROWN, P.A.  
20 N. ORANGE AVE., SUITE 600  
ORLANDO, FL 32801 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: PSD ( ) Delete  
Name: TORRES, JUAN C  
Address: 11037 SIPE LANE  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete  
Name: POBLETE, DAGOBERTO  
Address: 11037 SIPE LANE  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D (X) Delete  
Name: SEPULVEDA, GUILLERMO  
Address: 11037 SIPE LANE  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

**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:** JUAN CARLOS TORRES

PSD

01/06/2009

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

\_\_\_\_\_  
Date