

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077397

FILED
Sep 25, 2009
Secretary of State

Entity Name: ULTRAMEDICAL SOLUTIONS, CORP

Current Principal Place of Business:

15795 SW 49TH CT
MIRAMAR, FL 33027 US

New Principal Place of Business:

3723 NW 79TH WAY
HOLLYWOOD, FL 33024 US

Current Mailing Address:

15795 SW 49TH CT
MIRAMAR, FL 33027 US

New Mailing Address:

3723 NW 79TH WAY
HOLLYWOOD, FL 33024 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURE, PIERRE
15795 SW 49TH CT
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

CURE, PIERRE
3723 NW 79TH WAY
HOLLYWOOD, FL 33024 US

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: PCO

09/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURE, PIERRE
Address: 15795 SW 49TH CT
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CURE, PIERRE
Address: 3723 NW 79TH WAY
City-St-Zip: HOLLYWOOD, FL 33024 US

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: PIERRE CURE

P

09/25/2009

Electronic Signature of Signing Officer or Director

Date