

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000086931

FILED
May 19, 2009
Secretary of State**Entity Name:** MEDICAL SUPPORT SERVICES OF MIAMI INC**Current Principal Place of Business:**14861 SW 104TH STREET
UNIT #13
MIAMI, FL 33196 US**New Principal Place of Business:**13390 S.W. 131 ST
UNIT 128
MIAMI, FL 33186 US**Current Mailing Address:**14861 SW 104TH STREET
UNIT #13
MIAMI, FL 33196 US**New Mailing Address:**13390 S.W. 131 ST
UNIT 128
MIAMI, FL 33186 US**FEI Number:** 26-3418699**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GRANDCHAMP, YASMINE
14861 SW 104TH STREET
UNIT #13
MIAMI, FL 33196 US**Name and Address of New Registered Agent:**TURNIER, MARIE, N
13390 S.W. 131 ST
UNIT #128
MIAMI, FL 33186 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: MARIE N. TURNIER

05/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRANDCHAMP, YASMINE
Address: 14861 SW 104TH STREET UNIT #13
City-St-Zip: MIAMI, FL 33196 US

Title: D (X) Delete
Name: TURNIER, MARIE N
Address: 14861 SW 104 ST UNIT 13
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNIER, MARIE N
Address: 13390 S.W. 131 ST UNIT #128
City-St-Zip: MIAMI, FL 33186 US

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: MARIE N. TURNIER

P

05/19/2009

Electronic Signature of Signing Officer or Director

Date