

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000015596

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** PROTOCOL MEDICAL SERVICES CORPORATION

**Current Principal Place of Business:**

7111 GRAND NATIONAL DRIVE  
104  
ORLANDO, FL, 32819

**New Principal Place of Business:**

7111 GRAND NATIONAL DRIVE  
104  
ORLANDO, FL, FL 32819

**Current Mailing Address:**

7111 GRAND NATIONAL DRIVE  
104  
ORLANDO, FL 32819

**New Mailing Address:**

8302 PORT SAID ST.  
ORLANDO, FL 32817 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KURDY, MAZEN  
8302 PORT SAID ST.  
ORLANDO,, FL 32817 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  
Name: KURDY, MAZEN,  
Address: 8302 PORT SAID ST  
City-St-Zip: ORLANDO, FL 32817

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: MAZEN KURDY

P

01/11/2010

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

\_\_\_\_\_  
Date