

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000070430

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** DOMESTIC AND GLOBAL MEDICAL SERVICES INC.

**Current Principal Place of Business:**

2515 NE 1ST COURT #201  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2515 NE 1ST COURT #201  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 01-0929584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MODAS, DANIEL A  
1215 SE 2ND AVE #202  
FT LAUDERDALE, FL 33335 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: PD  
Name: KOZIARSKA-WOJDYGA, ELZBIETA  
Address: 2515 NE 1ST COURT #201  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD  
Name: WOJDYGA, MICHAL T  
Address: 2515 NE 1ST COURT #201  
City-St-Zip: BOYNTON BEACH, FL 33435

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: KOZIARSKA-WOJDYGA ELZBIETA

PD

03/16/2011

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

\_\_\_\_\_  
Date