2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# P10000101322

Entity Name: XTREME MEDICAL SOLUTIONS CORP

Current Principal Place of Business:

490 N LAUREL DR
SUITE 4 A
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

490 N LAUREL DR
SUITE 4 A
MARGATE, FL 33063

New Mailing Address:

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

Name and Address of Current Registered Agent:

DELGADO, STEVE
8360 SW 42 ST
MIAMI, FL 33155 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: P
Name: DELGADO, STEVE
Address: 8360 SW 42 ST
City-St-Zip: MIAMI, FL 33155

Title: VP
Name: MEYER, NATHAN L
Address: 5130 LAS VERDES CIR
City-St-Zip: DELRAY BEACH, FL 33484

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: STEVE DELGADO P 01/18/2011

Electronic Signature of Signing Officer or Director Date