

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013807

Entity Name: D.G.M. MEDICAL SERVICES, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

%ASSOCIATES IN INTERNAL MEDICINE
2500 E HALLANDALE BEACH BLVD 3RD FLOOR
HALLANDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

%ASSOCIATES IN INTERNAL MEDICINE
2500 E HALLANDALE BEACH BLVD 3RD FLOOR
HALLANDALE, FL 33309

New Mailing Address:

FEI Number: 65-0471741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERER, HENRY
2500 E HALLANDALE BEACH BLVD
STE 300
HALLANDALE, FL 33009 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: D () Delete
Name: SCHERER, HENRY
Address: 2500 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33309

Title: D () Delete
Name: SHULL, STEWART
Address: 2500 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL

Title: D () Delete
Name: PALGON, NORMAN
Address: 2500 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRY SCHERER

DR

03/17/2009

Electronic Signature of Signing Officer or Director

Date