

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000041214

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** PREVENTIVE MEDICAL SERVICES CORPORATION

**Current Principal Place of Business:**

14030 LAKE YALE  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2268  
UMATILLA, FL 32784

**New Mailing Address:**

**FEI Number:** 59-3317417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLE, JOHN R  
C/O DAD'S FOR BOYS  
14030 LAKE YALE  
UMATILLA, FL 32784 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: PRES  
Name: PYLE, JOHN R  
Address: 14030 LAKE YALE RD  
City-St-Zip: UMATILLA, FL 32784

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: JOHN R. PYLE

PRES

03/10/2011

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

\_\_\_\_\_  
Date