

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000052642

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** CONSOLIDATED MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

4402 124TH ST WEST  
CORTEZ, FL 34215

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 879  
CORTEZ, FL 34215

**New Mailing Address:**

**FEI Number:** 65-0633760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEESTMA, RUTH E  
3840 MARINERS WAY #523  
CORTEZ, FL 34215 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:** MGR  
**Name:** LEESTMA, RUTH  
**Address:** 3840 MARINERS WAY #523  
**City-St-Zip:** CORTEZ, FL 34215

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:** RUTH LEESTMA

MGR

01/09/2010

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

\_\_\_\_\_  
Date