2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# P96000027964

Entity Name: C.R.S. MEDICAL BENEFITS, INC.

Current Principal Place of Business:

5006 TROUBLE CREEK ROAD
SUITE 226
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1049
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: 59-3382974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, WILLIAM O
5006 TROUBLE CREEK ROAD
STE. 226
NEW PORT RICHEY, FL 34652 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 ( ) Delete
Name: WALKER, WILLIAM O
Address: 5006 TROUBLE CREEK RD, #226
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T (X) Delete
Name: WALKER, JAMES D
Address: 4121 FLORAMAR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM O WALKER P 08/04/2009
Electronic Signature of Signing Officer or Director Date