

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045358

FILED
Jan 22, 2007
Secretary of State

Entity Name: TRAUMA MEDICAL SERVICES, P.A.

Current Principal Place of Business:

1881 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1881 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 65-0668407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUZE, HENRI CLAUDE
1881 WEST OKLAND PARK BLVD
FT. LAUDERDALE, FL 33311 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: DOUZE, HENRI CLAUDE
Address: 1881 W OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOUZE, HENRI CLAUDE
Address: 1881 W OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRI CLAUDE DOUZE

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

Date