2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P97000022495

Entity Name: VISIONARY MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

5600 MARINER STREET
SUITE 227
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

5600 MARINER STREET
SUITE 227
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3424081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, KARREN A ESQ.
5600 MARINER STREET
216
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

WILSON, KARREN A ESQ.
5600 MARINER STREET
227
TAMPA, FL 33609 US

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: KARREN WILSON 04/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: JENNER, GEORDIE W
Address: 5600 MARINER DRIVE, SUITE 227
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: PATEL, KIRAN C
Address: 5600 MARINER DRIVE, SUITE 227
City-St-Zip: TAMPA, FL 33609

Title: P (X) Delete
Name: SHILEN, PATEL K
Address: 5600 MARINER DRIVE, SUITE 227
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHILEN, PATEL K
Address: 5600 MARINER DRIVE, SUITE 227
City-St-Zip: TAMPA, FL 33609

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: SHILEN K. PATEL P 04/15/2008
Electronic Signature of Signing Officer or Director Date