2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P97000035368

Entity Name: ALLMED FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2421 SHREVE ST
#113
PUNTA GORDA, FL 33950

New Principal Place of Business:

3527 TAMIAMI TRAIL
E
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2421 SHREVE ST
#113
PUNTA GORDA, FL 33950

New Mailing Address:

3527 TAMIAMI TRAIL
E
PORT CHARLOTTE, FL 33952

FEI Number: 65-0749053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARFST, MARY
2421 SHREVE STREET
SUITE 113
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HARFST, MARY
3527 TAMIAMI TRAIL
E
PORT CHARLOTTE, FL 33952 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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: HARFST, MARY
Address: 2421 SHREVE STREET SUITE 113
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: HARFST, MARY
Address: 3527 TAMIAMI TRAIL # E
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MARY HARFST DIRE 03/24/2009
Electronic Signature of Signing Officer or Director — Date