FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000043979 (8)

PREMIER MEDICAL SOLUTIONS, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		A LABOTIANA TAN CATAL DANI ANDITA MULTI SANTE NO	AN (1110 IN)14 IRNIN ARII INN
3383 ENISGROVE DR E 3383 ENISGROVE DR E				
PALM HARBOR FL 34683 PALM HARBOR FL 34683			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			05/15/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1906 Deem ST	26 1906 DRZV	v 5T	59-3449360	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 CLBARWATER FL 33765 City & State	City & State			Fee Required
23	28 CLEARWATER	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country	8. This corporation owes or has paid the cu	
24 25	29 7 33745 30	ŕ		Yes No
9. Name and Address of Current			10. Name and Address of New Registered	Agent
SLOAN, MARSHA		81 Name K	ATHY ALLEN	
3393 ENISGROVE DR E			ess (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34683			loc DRIW ST	
		83		
		84 City CJ	LEARWATER FL	85 Zip Code 33765
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e above-named corpo	oration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	f Florida. Such change was author	rized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Signaluri, prod o poulod purde o' registored apert	and little (applicable (NOTE: Regis	stered Agent signature require	ed when reinstating) DATE	1778
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE PCes	☐ DELETE 1	I.1 TITLE		Change Addition
NAME KATHY ALLEN STREET ADDRESS 1906 DR 22 ST	1	1.2 NAME		
STREET ADDRESS 1906 DR W ST		1.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER, FL		I.4 CiTY-ST-ZiP		Character Character
TITLE		2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		Change Addition
NAME		3.2 NAME		and a market
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE		1.1 TITLE		Change Addition
NAME	4	1. 2 NAME		
STREET ADDRESS	4	1.3 STREET ADDRESS		
CITY-ST-ZIP	4	I.4 CITY-ST-ZIP		
TITLE	DELETE 5	5.1 TITLE		Change Addition
NAME	5	5.2 NAME		
STREET ADDRESS	5	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE 6	5.1 TITLE		Change Addition
NAME	6	5.2 NAME		
STREET ADDRESS	. e	3.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		

indicated on this annual report or supplied with this ming does not quality for the exemption stated in section 119.07(5)(f), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.