

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043979

FILED  
May 08, 2009  
Secretary of State

Entity Name: PREMIER MEDICAL SOLUTIONS, INC.

## Current Principal Place of Business:

125 5TH STREET SOUTH  
#202  
ST. PETERSBURG, FL 33701 US

## New Principal Place of Business:

6830 CENTRAL AVE  
SUITE C  
ST. PETERSBURG, FL 33707 US

## Current Mailing Address:

4175 EAST BAY DRIVE  
#130  
CLEARWATER, FL 33764 US

## New Mailing Address:

FEI Number: 59-3449360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, KATHY  
10324 GULF BOULEVARD  
#201  
TREASURE ISLAND, FL 33706 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALLEN, KATHY S  
Address: 10324 GULF BOULEVARD, #201  
City-St-Zip: TREASURE ISLAND, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHY S. ALLEN

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date