

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055019

Entity Name: CITY MEDICAL SERVICES, INC.

FILED
Jun 06, 2008
Secretary of State

Current Principal Place of Business:

20815 NE 16TH AVE
#B-34
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

20815 NE 16TH AVE
#B-34
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-0761215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIBACE, RONALD
20815 NE 16TH AVE
#B-34
MIAMI, FL 33179 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: D () Delete
Name: BIBACE, RONALD
Address: 4020 GALT OCEAN DR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V () Delete
Name: EVAN BRANT, ROBERT
Address: 3475 BELLMONT TER
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT E BRANT

GM

06/06/2008

Electronic Signature of Signing Officer or Director

Date