

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000073022 1. Entity Name SOUTHWESTERN MEDICAL SOLUTIONS, INC.	
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Principal Place of Business 12620 EAST CALLE MIA TUCSON, AZ 85749	Mailing Address 12620 EAST CALLE MIA TUCSON, AZ 85749
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07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0423950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POWELL, RICHARD R 13014 NORTH DALE MABRY HIGHWAY SUITE 319 TAMPA BAY, FL 33618
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Richard R. Powell</i></u> 07105 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEDGES, JOHN R 12620 EAST CALLE MIA TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEDGES, D. DIANE 12620 EAST CALLE MIA TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEECHAM, BASIL J 12620 EAST CALLE MIA TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>John R. Hedges</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6/30/05 (530) 906-8829 <small>Date Daytime Phone #</small>