2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073022

City-St-Zip:

TUCSON, AZ 85749

Entity Name: SOUTHWESTERN MEDICAL SOLUTIONS, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ST CALLE MIA AZ 85749				
Current Mailing Address:			New Mailing Address:		
	ST CALLE MIA AZ 85749				
FEI Number	: 88-0423950	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
13014 NO SUITE 319		BRY HIGHWAY			
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (HEDGES, JOH 12620 EAST C TUCSON, AZ 8	ALLE MIA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (HEDGES, D. D 12620 EAST C TUCSON, AZ 8	ALLE MIA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MEECHAM, BA 12620 EAST C		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JOHN R. HEDGES PTD 04/27/2006