

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083488

FILED
Apr 01, 2009
Secretary of State

Entity Name: IMS MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

4817 NW 67TH ST
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

4817 NW 67TH ST
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 59-3481575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARVESU, ANTONIO F
4817 NW 67TH ST
GAINESVILLE, FL 32653 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARVESU, ANTONIO F
Address: 4817 NW 67TH ST
City-St-Zip: GAINESVILLE, FL 32653

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: ANTONIO F ARVESU

PRES

04/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date