

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087833

Entity Name: SIM MED SYSTEM, INC.

FILED  
Apr 03, 2008  
Secretary of State

**Current Principal Place of Business:**

6047 KIMBERLY BLVD  
STE J  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6047 KIMBERLY BLVD  
STE J  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 65-0781194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CALDARAS, SIMONA  
6047 KIMBERLY BLVD  
STE J  
NORTH LAUDERDALE, FL 33068 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: P ( ) Delete  
Name: CALDARAS, SIMONA  
Address: 6047 KIMBERLY BLVD, STE. J  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**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: SIMONA CALDARAS

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date