

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087833

Entity Name: SIM MED SYSTEM, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6047 KIMBERLY BLVD
STE J
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

6047 KIMBERLY BLVD
STE J
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

541 S. STATE ROAD 7
STE #4
MARGATE, FL 33068

New Mailing Address:

541 S. STATE ROAD 7
STE #4
MARGATE, FL 33068

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:

CALDARAS, SIMONA
541 SOUTH STATE ROAD 7
STE #4
MARGATE, FL 33068 US

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

04/30/2009

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: P (X) Change () Addition
Name: CALDARAS, SIMONA
Address: 541 S. STATE ROAD 7
City-St-Zip: MARGATE, FL 33068

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

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date