2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P98000052439

Entity Name: MOBILE MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

480 BEER CREEK RUN
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

480 DEER CREEK RUN
DEERFIELD BEACH, FL 33442

Current Mailing Address:

P O BOX 812078
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0845710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELKAN, RANDALL H
480 DEER CREEK RUN
DEERFIELD BEACH, FL 33442 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:	RANDALL, ELKAN H	
Address:	464 NE 8TH ST	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	RANDALL, ELKAN H	
Address:	480 DEER CREEK RUN	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

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: RANDALL H. ELKAN PRES 02/27/2009
Electronic Signature of Signing Officer or Director Date