

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072876

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** EMPLOYEE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

12120 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

12120 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

**FEI Number:** 59-3594873      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARFIELD, BARBARA J PRES.  
12120 CORTEZ BLVD.  
BROOKSVILLE, FL 34613 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: PT  
Name: BARFIELD, BARBARA  
Address: 13753 CENTRALIA RD.  
City-St-Zip: BROOKSVILLE, FL 34614

Title: VS  
Name: HAUMESSER, SUSANNE  
Address: 9035 GRANT STREET  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby 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 all other like empowered.

SIGNATURE: BARBARA BARFIELD

PT

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date