## 2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P99000091381

Entity Name: FREEDOM MEDICAL SERVICES, INC.

FILED Jul 27, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7301A W PALMETTO PARK RD STE 100C 951 BROKEN SOUND PKWY STE 252 BOCA RATON, FL 334333403 US BOCA RATON, FL 334873507 US

Current Mailing Address: New Mailing Address:

7301A W PALMETTO PARK RD STE 100C 951 BROKEN SOUND PKWY STE 252 BOCA RATON, FL 334333403 US BOCA RATON, FL 334873507 US

FEI Number: 65-0954594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WEINROTH, ROBERT S ESQ.
7301A W PALMETTO PARK RD STE 100C
BOCA RATON, FL 334333403 US
WEINROTH, ROBERT S ESQ.
951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 334873506 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: ROBERT S WEINROTH 07/27/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

Name: WEINROTH, ROBERT S

Address: 951 BROKEN SOUND PKWY STE 252 City-St-Zip: BOCA RATON, FL 334873507 US

Title: DVP

Name: WEINROTH, PAMELA J

Address: 951 BROKEN SOUND PKWY STE 252 City-St-Zip: BOCA RATON, FL 334873507 US

Title: D

Name: LORNE, YAFFE S

Address: 6225 N DALE MABRY HWY APT 1211

City-St-Zip: TAMPA, FL 36143956 US

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: ROBERT S WEINROTH PD 07/27/2010