

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091381

FILED
Apr 26, 2011
Secretary of State

Entity Name: FREEDOM MEDICAL SERVICES, INC.

Current Principal Place of Business:

951 BROKEN SOUND PKWY STE 252
BOCA RATON, FL 334873507 US

New Principal Place of Business:

951 BROKEN SOUND PKWY NW STE 252
BOCA RATON, FL 334873531 US

Current Mailing Address:

951 BROKEN SOUND PKWY STE 252
BOCA RATON, FL 334873507 US

New Mailing Address:

951 BROKEN SOUND PKWY NW STE 252
BOCA RATON, FL 334873531 US

FEI Number: 65-0954594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEINROTH, ROBERT S ESQ.
951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 334873506 US

Name and Address of New Registered Agent:

WEINROTH, ROBERT S ESQ.
951 BROKEN SOUND PKWY NW STE 252
BOCA RATON, FL 334873503 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:

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: WEINROTH, ROBERT S
Address: 951 BROKEN SOUND PKWY NW STE 252
City-St-Zip: BOCA RATON, FL 334873531 US

Title: DVP
Name: WEINROTH, PAMELA J
Address: 951 BROKEN SOUND PKWY NW STE 252
City-St-Zip: BOCA RATON, FL 334873531 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

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date