

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092121

FILED
Apr 30, 2004
Secretary of State

Entity Name: PREFERRED MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

427 GOLDEN ISLES DRIVE
6G
HALLANDALE, FL 33009

Current Mailing Address:

427 GOLDEN ISLES DRIVE
6G
HALLANDALE, FL 33009

New Principal Place of Business:

427 GOLDEN ISLES DRIVE
6G
HALLANDALE BEACH, FL 33009

New Mailing Address:

427 GOLDEN ISLES DRIVE
6G
HALLANDALE BEACH, FL 33009

FEI Number: 59-3604340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTAFAN, NICHOLAS
422 GOLDEN ISLES DRIVE
SUITE 6G
HALLANDALE BEACH, FL 33009

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: D () Delete
Name: ASTAFAN, NICHOLAS
Address: 427 GOLDEN ISLES DRIVE, SUITE 6G
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICHOLAS ASTAFAN

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date