

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39943

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: CHOICE MEDICAL SYSTEMS, INC.

## Current Principal Place of Business:

1426 PASADENA AVE S  
ST PETERSBURG, FL 33707 US

## New Principal Place of Business:

## Current Mailing Address:

1426 PASADENA AVE S  
ST PETERSBURG, FL 33707 US

## New Mailing Address:

FEI Number: 59-3057095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCCRARY, DERRELL H  
7813 10TH AVENUE SOUTH  
ST PETERSBURG, FL 33707 US

## Name and Address of New Registered Agent:

MCCRARY, DERRELL H  
1426 PASADENA AVE S  
ST PETERSBURG, FL 33707 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:

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCRARY, DERRELL H  
Address: 1426 PASADENA AVE S  
City-St-Zip: ST PETERSBURG, FL 33707 US

Title: V ( ) Delete  
Name: MCCRARY, CHARLES  
Address: 1426 PASADENA AVE S  
City-St-Zip: ST PETERSBURG, FL 33707 US

Title: ST ( ) Delete  
Name: MCCRARY, JOYCE  
Address: 1426 PASADENA AVE S  
City-St-Zip: ST PETERSBURG, FL 330707 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOYCE MCCRARY

ST

04/11/2008

Electronic Signature of Signing Officer or Director

Date