

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00996

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: CREATIVE MEDICAL SERVICES INC.

**Current Principal Place of Business:**

8010 WEST 23 AVE  
SUITE ONE  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8010 WEST 23 AVE  
SUITE ONE  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-0304960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FALCON, RUBEN  
8010 WEST 23 AVE  
SUITE ONE  
HIALEAH, FL 33016 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: D ( ) Delete  
Name: FALCON, RUBEN,  
Address: 5700 COBBLESTONE LANE  
City-St-Zip: DAVIE, FL 33331 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: FALCON, OLGA  
Address: 5700 COBBLESTONE LN  
City-St-Zip: DAVIE, FL 33331 US

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: RUBEN FALCON

D

02/04/2008

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

\_\_\_\_\_ Date