

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V05551 1. Entity Name X-MED MEDICAL INFORMATION SYSTEMS, INC.					
Principal Place of Business 938 CLINT MOORE RD BOCA RATON FL 33433 US			Mailing Address 6308 VIA PALLADIUM BOCA RATON FL 33433		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0304761	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIGOS, ALEXANDER GEORGE 6308 VIA PALLADIUM BOCA RATON FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHIGOS, ALEXANDER GEORGE 6308 VIA PALLADIUM BOCA RATON FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CHIGOS, CAROL ANN 6308 VIA PALLADIUM BOCA RATON FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RYAN, ETTA L. 1201 SOUTH OCEAN DR. #320-S HOLLYWOOD FL 33019	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: ALEXANDER CHIGOS 2/7/06 561-998-8525		