

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000072301

**Entity Name:** DATA MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

887 ADDISON DRIVE N.E.  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

PO BOX 20741  
SAINT PETERSBURG, FL 33742 US

**FEI Number:** 65-0776266

**Certificate of Status Desired:** No

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

MARY F MELIN  
887 ADDISON DRIVE N.E.  
SAINT PETERSBURG, FL 33716 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | DP                        | Title           | VP                        |
| Name            | MARY F MELIN              | Name            | MELIN, CHARLES E          |
| Address         | PO BOX 20741              | Address         | PO BOX 20741              |
| City-State-Zip: | SAINT PETERSBURG FL 33742 | City-State-Zip: | SAINT PETERSBURG FL 33742 |

*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:** MARY F. MELIN

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date