## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092121

Entity Name: PREFERRED MEDICAL SOLUTIONS, INC.

FILED
Jun 11, 2013
Secretary of State
CC7603664091

# **Current Principal Place of Business:**

401 GOLDEN ISLES DRIVE APT. 501

HALLANDALE BEACH, FL 33009

# **Current Mailing Address:**

401 GOLDEN ISLES DRIVE APT. 501 HALLANDALE BEACH, FL 33009 US

FEI Number: 59-3604340 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASTAFAN, NICHOLAS J 401 GOLDEN ISLES DRIVE APT. 501 HALLANDALE BEACH, FL 33009 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: NICHOLAS J ASTAFAN 06/11/2013

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRES

Name ASTAFAN, NICHOLAS J Address 401GOLDEN ISLES DRIVE

APT. 501

City-State-Zip: HALLANDALE BEACH FL 33009

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: NICHOLAS J ASTAFAN

**PRESIDENT** 

06/11/2013

Date