

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000073022
 1. Entity Name
 SOUTHWESTERN MEDICAL SOLUTIONS, INC.

Principal Place of Business 12620 EAST CALLE MIA TUCSON, AZ 85749	Mailing Address 12620 EAST CALLE MIA TUCSON, AZ 85749
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0423950	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 POWELL, RICHARD R
 13014 NORTH DALE MABRY HIGHWAY
 SUITE 319
 TAMPA BAY, FL 33618

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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: Richard R. Powell DATE: 07105
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEDGES, JOHN R 12620 EAST CALLE MIA TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEDGES, D. DIANE 12620 EAST CALLE MIA TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEECHAM, BASIL J 12620 EAST CALLE MIA TUCSON, AZ 85749
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100000372426
 07/12/05-80007-002 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John R. Hedges DATE: 6/30/05 (520) 906-8529
Signature and typed or printed name of signing officer or director. Daytime Phone #