

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073022

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SOUTHWESTERN MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

12620 EAST CALLE MIA  
TUCSON, AZ 85749

**New Principal Place of Business:**

**Current Mailing Address:**

12620 EAST CALLE MIA  
TUCSON, AZ 85749

**New Mailing Address:**

FEI Number: 88-0423950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWELL, RICHARD R  
13014 NORTH DALE MABRY HIGHWAY  
SUITE 319  
TAMPA BAY, FL 33618 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: PTD ( ) Delete  
Name: HEDGES, JOHN R  
Address: 12620 EAST CALLE MIA  
City-St-Zip: TUCSON, AZ 85749

Title: SD ( ) Delete  
Name: HEDGES, D. DIANE  
Address: 12620 EAST CALLE MIA  
City-St-Zip: TUCSON, AZ 85749

Title: D ( ) Delete  
Name: MEECHAM, BASIL J  
Address: 12620 EAST CALLE MIA  
City-St-Zip: TUCSON, AZ 85749

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. HEDGES

PTD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date