

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002736

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

INDUSTRIALVILLE  
STATE ROAD 190, KM 1.5 LOT 5  
CAROLINA, PR 00983

**New Principal Place of Business:**

**Current Mailing Address:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016

**New Mailing Address:**

14160 PALMETTO FRONTAGE RD.  
#11  
MIAMI LAKES, FL 33016

FEI Number: 65-0396476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALE, DONNA  
14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 US

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

SHANE, DORIS  
14160 PALMETTO FRONTAGE RD.  
#11  
MIAMI LAKES, FL 33016 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: DORIS SHANE

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CM  
Name: RODRIGUEZ, RAUL  
Address: 14160 PALMETTO FRONTAGE RD. #11  
City-St-Zip: MIAMI LAKES, FL 33016

Title: O  
Name: COTARELO, GEORGE  
Address: 14160 PALMETTO FRONTAGE RD. #11  
City-St-Zip: MIAMI LAKES, FL 33016

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: DORIS SHANE

RA

03/13/2012

Electronic Signature of Signing Officer or Director

Date