

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000422

**Entity Name:** MEDCYL SERVICES, LTD.

**Current Principal Place of Business:**

4236 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**Current Mailing Address:**

290 DETMAR DRIVE  
WINTER PARK, FL 32789 US

**FEI Number:** 59-3493391

**Certificate of Status Desired:** Yes

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

CARTER, ROBERT MPARTNER  
290 DETMAR DRIVE  
WINTER PARK, FL 32789 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

**General Partner Detail :**

Document #

Name CHQ, INC.

Address 290 DETMAR DRIVE

City-State-Zip: WINTER PARK FL 32789

*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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT M CARTER

**PARTNER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date