

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 683852

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

**Current Principal Place of Business:**

1543 PALMETTO LANE  
SARASOTA, FL 34236-2417

**Current Mailing Address:**

300 S. STATE ROAD 446  
BLOOMINGTON, IN 47401

**FEI Number: 59-2046358**

**Certificate of Status Desired: No**

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

SEITL, WAYNE  
3665 BEE RIDGE ROAD  
SUITE 300  
SARASOTA, FL 34233 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

**Officer/Director Detail :**

Title PD  
Name BROWN, BILL C  
Address 1543 PALMETTO LANE  
City-State-Zip: SARASOTA FL 34236-2417

Title STD  
Name BROWN, PATRICIA P  
Address 1543 PALMETTO LANE  
City-State-Zip: SARASOTA FL 34236-2417

*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: BILL C BROWN**

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date