# 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: MELISSA CLARK

Electronic Signature of Signing Officer/Director Detail

TREASURER

01/31/2018 Date

Date

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

## Offi

Title	PD	Title	VP	
Name	BROWN, BILL C	Name	REMAK, RONALD F	
Address	1543 PALMETTO LANE	Address	4457 FOREST HILLS DR.	
City-State-Zip:	SARASOTA FL 34236-2417	City-State-Zip:	BLOOMINGTON IN 47401	
Title	TREASURER, SECRETARY			
Name	CLARK, MELISSA A			
Address	6589 N NETHA CT			
City-State-Zip:	BLOOMINGTON IN 47408			

	8 8 8				
cer/Director Detail :					
	PD	Title	VP		
e	BROWN, BILL C	Name	REMAK, RONALD F		
ess	1543 PALMETTO LANE	Address	4457 FOREST HILLS DR.		
State-Zip:	SARASOTA FL 34236-2417	City-State-Zip:	BLOOMINGTON IN 47401		
	TREASURER, SECRETARY				
e	CLARK, MELISSA A				
ess	6589 N NETHA CT				
State-Zip:	BLOOMINGTON IN 47408				

## 2018 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

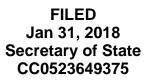
### **Current Mailing Address:**

300 S. STATE ROAD 446 **BLOOMINGTON. IN 47401** 

#### FEI Number: 59-2046358

Name and Address of Current Registered Agent:

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



Certificate of Status Desired: No