

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000118123

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

**Current Principal Place of Business:**

3505 PROGRESS LANE  
ST. CLOUD, FL 34769

**Current Mailing Address:**

3505 PROGRESS LANE  
ST. CLOUD, FL 34769

**FEI Number: 01-0750278**

**Certificate of Status Desired: No**

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

KHAN, MUHAMMAD A  
3505 PROGRESS LANE  
ST. CLOUD, FL 34769 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 KHAN, MUHAMMAD AMD  
Address 3505 PROGRESS LANE  
City-State-Zip: SAINT CLOUD FL 34769

*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: MUHAMMAD AMIR KHAN**

**MD**

**03/23/2013**

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

\_\_\_\_\_  
Date