

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000012417

**Entity Name:** MEDICAL SERVICES CORPORATION USA

**Current Principal Place of Business:**

5014 BOATHOUSE DRIVE  
ORLANDO, FL 32812

**Current Mailing Address:**

5014 BOATHOUSE DRIVE  
ORLANDO, FL 32812 US

**FEI Number:** 27-4777495

**Certificate of Status Desired:** No

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

THOMAS, ILEANA  
5014 BOATHOUSE DRIVE  
ORLANDO, FL 32812 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 P  
Name THOMAS, ILEANA  
Address 5014 BOATHOUSE DR.  
City-State-Zip: ORLANDO FL 32812

*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:** ILEANA THOMAS

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date