

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000002736

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

**Current Principal Place of Business:**

CARR. PR-3, KM 9.5, AVE 65  
INFANTERIA REPARTO INDUSTRIAL SAN GABRIEL  
CAROLINA, PR 00983

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC1950162363**

**Current Mailing Address:**

15476 NW 77TH COURT #705  
MIAMI LAKES, FL 33016

**FEI Number: 65-0396476**

**Certificate of Status Desired: Yes**

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

SHANE, DORIS  
14160 PALMETTO FRONTAGE RD.  
#11  
MIAMI LAKES, FL 33016 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            PRESIDENT  
Name            RODRIGUEZ, RAUL  
Address        14160 PALMETTO FRONTAGE RD. #11  
City-State-Zip: MIAMI LAKES FL 33016

Title            CEO  
Name            PEREDA, JORGE A  
Address        CARR. PR-3, KM 9.5, AVE 65  
                  INFANTERIA REPARTO INDUSTRIAL  
                  SAN GABRIEL  
City-State-Zip: CAROLINA 00983

*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: JORGE A PEREDA**

**CEO**

**01/13/2014**

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

\_\_\_\_\_  
Date