

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000002736

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC8101586369**

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

**Current Principal Place of Business:**

INDUSTRIALVILLE  
STATE ROAD 190, KM 1.5 LOT 5  
CAROLINA, PUERTO RICO 00983

**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	CM	Title	O
Name	RODRIGUEZ, RAUL	Name	COTARELO, GEORGE
Address	14160 PALMETTO FRONTAGE RD. #11	Address	14160 PALMETTO FRONTAGE RD. #11
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

*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:** RAUL RODRIGUEZ

**EXECUTIVE CHAIRMAN**

**01/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date