

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003631

Entity Name: DAYTONA MEDICAL SOLUTIONS, INC.**Current Principal Place of Business:**1845 MASON AVE
DAYTONA BEACH, FL 32117**Current Mailing Address:**14143 DENVER WEST PKWY, SUITE 400
LAKEWOOD, CO 80401**FEI Number: 46-3208206****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	MCINTYRE, JEREMIAH J
Address	14143 DENVER WEST PKWY, SUITE 400
City-State-Zip:	LAKEWOOD CO 80401

Title	S
Name	CRASE, CHRISTINE M
Address	14143 DENVER WEST PKWY, SUITE 400
City-State-Zip:	LAKEWOOD CO 80401

Title	C
Name	PAUL, STUART
Address	14143 DENVER WEST PKWY, SUITE 400
City-State-Zip:	LAKEWOOD CO 80401

Title	VP
Name	VON LERSNER, PETE
Address	1845 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	T
Name	BELKNAPP, ROBERT
Address	14143 DENVER WEST PKWY, SUITE 400
City-State-Zip:	LAKEWOOD CO 80401

Title	VC
Name	DOERR, DAVID
Address	14143 DENVER WEST PKWY, SUITE 400
City-State-Zip:	LAKEWOOD CO 80401

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: JEREMIAH J. MCINTYRE**PRESIDENT****02/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date