


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000003104 1. Entity Name NI CRYSTAL MEDICAL SUPPORT, INC.	
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Principal Place of Business 9703 RICHMOND AVENUE HOUSTON, TX 77042	Mailing Address 9703 RICHMOND AVENUE HOUSTON, TX 77042
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0849338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000507391
01/31/07-80034-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERLIN, TERRY 9703 RICHMOND AVENUE HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORI, HIDETITO 9703 RICHMOND AVE. HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CRACKER, SAMUEL S. 9703 RICHMOND AVE. HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEPSEN, MOEGENS 9703 RICHMOND AVE HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 713-341-2520
Date Daytime Phone #