

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003108

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL RESOURCES FOR EQUIPMENT SUPPORT TECHNOLOGY SERVICES, INC.

**Current Principal Place of Business:**

735 PLAZA BLVD. STE 210  
COPPELL, TX 75019

**New Principal Place of Business:**

**Current Mailing Address:**

735 PLAZA BLVD. STE 210  
COPPELL, TX 75019

**New Mailing Address:**

**FEI Number:** 75-2808305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 34470 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTGOMERY, BRIAN  
Address: 735 PLAZA BLVD #210  
City-St-Zip: COPPELL, TX 75019

Title: S  
Name: MONTGOMERY, BRENDA  
Address: 735 PLAZA BLVD #210  
City-St-Zip: COPPELL, TX 75019

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: BRIAN MONTGOMERY

PRES

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date