

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004776

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3701 WELSH ROAD  
WILLOW GROVE, PA 19090

**New Principal Place of Business:**

**Current Mailing Address:**

3701 WELSH ROAD  
WILLOW GROVE, PA 19090

**New Mailing Address:**

**FEI Number:** 23-1731658

**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 33470 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: V  
Name: MURPHY, JAMES G  
Address: 3701 WELSH ROAD  
City-St-Zip: WILLOW GROVE, PA 19090

Title: CTS  
Name: RIEDERS, MICHAEL F  
Address: 3701 WELSH ROAD  
City-St-Zip: WILLOW GROVE, PA 19090

Title: DP  
Name: RIEDERS, ERIC F  
Address: 3701 WELSH ROAD  
City-St-Zip: WILLOW GROVE, PA 19090

Title: D  
Name: RIEDERS, MARIAN  
Address: 3701 WELSH ROAD  
City-St-Zip: WILLOW GROVE, PA 19090

Title: D  
Name: NOLAN, ANDREW C  
Address: 3701 WELSH ROAD  
City-St-Zip: WILLOW GROVE, PA 19090

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: ANDREW C. NOLAN

D

04/30/2012

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

\_\_\_\_\_  
Date