2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# P02000133620

Entity Name: CERTIFIED MEDICAL SYSTEMS II, INC.

Current Principal Place of Business:

7265 SW 62 AVE
UNIT1
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

7265 SW 62 AVE
UNIT1
OCALA, FL 34476

New Mailing Address:

FEI Number: 22-3887742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOB, DAVID A
7265 SW 62 AVE
UNIT 1
OCALA, FL 34476 US

Name and Address of New Registered Agent:

COMPTON, HAL F JR.
7265 SW 62 AVE
UNIT 1
OCALA, FL 34476 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: HFC 01/19/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: COMPTON, HAL F JR.
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

Title: COO
Name: OLLIVIERRE, ALFREDO C III
Address: 7265 SW 62 AVE UNIT1
City-St-Zip: OCALA, FL 34476

Title: V
Name: DORSEY, THOMAS
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

Title: CFO
Name: THOMAS, JAMES
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

Title: D
Name: COMPTON, HAL F SR.
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

Title: D
Name: MCCOOK, BARRY
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: OCALA, FL 34476

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: ACO COO 01/19/2012
Electronic Signature of Signing Officer or Director Date