2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CERTIFIED MEDICAL SYSTEMS III, INC.

Current Principal Place of Business:

2600 US HWY.1 SOUTH., UNIT 1
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

2600 US HWY.1 SOUTH.
UNIT 1
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

2141 LOCH RANE BLVD
SUITE 116
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 22-3887735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILLMAN, MICHAEL D
2141 LOCH RANE BLVD
SUITE 116
ORANGE PARK, FL 32073 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: RACHED, JOSEPH
Address: 2141 LOCH RANE BLVD SUITE 116
City-St-Zip: ORANGE PARK, FL 32073

Title: VP
Name: DILLMAN, MICHAEL D
Address: 2141 LOCH RANE BLVD. SUITE 116
City-St-Zip: ORANGE PARK, FL 32073 US

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: MICHAEL D. DILLMAN VP 02/08/2012

Electronic Signature of Signing Officer or Director Date