

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000085543

**FILED**  
**Oct 23, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

5286 SLATER ROAD  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

5286 SLATER ROAD  
SPRING HILL, FL 34608

**New Mailing Address:**

**FEI Number:** 59-3434938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CEVETELLO, JOSEPH  
5286 SLATER ROAD  
SPRING HILL, FL 34608 US

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

CEVETELLO, DANIEL  
5286 SLATER ROAD  
SPRING HILL, FL 34608 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: DANIEL J. CEVETELLO

10/23/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ADM  
Name: CEVETELLO, DANIEL J  
Address: 5286 SLATER ROAD  
City-St-Zip: SPRING HILL, FL 34608

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: DANIEL J. CEVETELLO

ADM

10/23/2014

Electronic Signature of Signing Officer or Director

Date