

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062511

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** MEDICAL CABLE SOLUTIONS INC

**Current Principal Place of Business:**

19239 NORTH DALE MABRY HWY  
STE 157  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

19239 NORTH DALE MABRY HWY  
STE 157  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 20-4842252      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLARK, KAY L PRES  
19239 NORTH DALE MABRY HWY - STE. 157  
STE. 157  
LUTZ, FL 33548 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: DIR  
Name: CLARK, KAY L DIR  
Address: 19239 NORTH DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548 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: KAY L CLARK

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

PRES

01/20/2012

\_\_\_\_\_ Date