

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034078

FILED
Apr 20, 2012
Secretary of State

Entity Name: MCCLURE MEDICAL SERVICES, INC.

Current Principal Place of Business:

8037 VIA HACIENDA
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

8037 VIA HACIENDA
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 20-8643583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCLURE, CONNIE
8037 VIA HACIENDA
PALM BEACH GARDENS, FL 33418 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: SEC
Name: ARLENE, MILLER
Address: EIGHT TWIN OAK LANE
City-St-Zip: BREMEN, GA 30182 US

Title: PRES
Name: MCCLURE, CONNIE L
Address: 8037 VIA HACIENDA
City-St-Zip: PALM BEACH GARDENS, FL 33418 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: CONNIE LEE MCCLURE

PRES

04/20/2012

Electronic Signature of Signing Officer or Director

Date