

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039641

FILED
Mar 17, 2011
Secretary of State

Entity Name: CERTIFIED MEDICAL AUTO DIVISION INC.

Current Principal Place of Business:

7265 S.W. 62 AVE.
UNIT 1
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

7265 S.W. 62 AVE
UNIT 1
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 26-2436911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACOB, DAVID A VP
7265 SW 62 AVE
UNIT 1
OCALA, FL 34476 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: DORSEY, THOMAS E PRES
Address: 7265 SW 62 AVE UNIT 1
City-St-Zip: Ocala, FL 34476 US

Title: VP
Name: JACOB, DAVID A V PRES
Address: 6122 S.W. HIGH WAY 200
City-St-Zip: Ocala, FL 34476 US

Title: VP
Name: JACOB, SANDRA K V PRES
Address: 6122 S.W. HIGH WAY 200
City-St-Zip: Ocala, FL 34476 US

Title: VP
Name: JEFFERY, CONNOR VP
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: DAVID A JACOB

VPRE

03/17/2011

Electronic Signature of Signing Officer or Director

Date