

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000070527

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

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9235 THE LANE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 112084  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 27-0846096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENBERG, CLIFFORD A  
9235 THE LANE  
NAPLES, FL 34109 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,S,  
**Name:** GREENBERG, CLIFFORD A  
**Address:** PO BOX 112084  
**City-St-Zip:** NAPLES,, FL 34108 US

**Title:** D  
**Name:** GREENBERG, CLIFFORD A  
**Address:** PO BOX 112084  
**City-St-Zip:** NAPLES, FL 34108 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:** CLIFFORD A. GREENBERG

MD

01/06/2012

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

\_\_\_\_\_  
Date