

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000046718

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** ISD MEDICAL SERVICES INC

**Current Principal Place of Business:**

12690 NW 32ND MANOR  
SUNRISE, FL 33326

**New Principal Place of Business:**

10392 OLD WINSTON COURT  
LAKE WORTH, FL 33449

**Current Mailing Address:**

12690 NW 32ND MANOR  
SUNRISE, FL 33326

**New Mailing Address:**

10392 OLD WINSTON COURT  
LAKE WORTH, FL 33449

**FEI Number:** 45-2326787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNEAUD, GREGORY R  
12690 NW 32ND MANOR  
SUNRISE, FL 33323 US

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

ARNEAUD, GREGORY R  
10392 OLD WINSTON COURT  
LAKE WORTH, FL 33449 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/01/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: ARNEAUD, GREGORY R  
Address: 10392 OLD WINSTON COURT  
City-St-Zip: LAKE WORTH, FL 33449

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: GREGORY ARNEAUD

PDST

05/01/2012

Electronic Signature of Signing Officer or Director

Date