

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000074563

FILED
Apr 11, 2012
Secretary of State

Entity Name: NORTH FLORIDA MEDICAL SOLUTIONS, INC

Current Principal Place of Business:

4105 NW 13TH PL.
GAINESVILLE, FL 32605

New Principal Place of Business:

4111 NW 6TH STREET,
SUITE D
GAINESVILLE, FL 32609

Current Mailing Address:

4105 NW 13TH PL.
GAINESVILLE, FL 32605

New Mailing Address:

4111 NW 6TH STREET,
SUITE D
GAINESVILLE, FL 32609

FEI Number: 45-3051816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINSEY, GARY K
4105 NW 13TH PL.
GAINESVILLE, FL 32605 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: CEO
Name: KINSEY, GARY K
Address: 4105 NW 13TH PL.
City-St-Zip: GAINESVILLE, FL 32605

Title: CFO
Name: HARRIS, CYNTHIA
Address: 1115 NE 9TH ST.
City-St-Zip: GAINESVILLE, FL 32604

Title: COO
Name: HUMPHRIES, CURTIS G
Address: 22641 93RD DR.
City-St-Zip: OBRIEN, FL 32071

Title: CTO
Name: PUPELLO, FRANK
Address: 7688 SW 25TH AVE
City-St-Zip: GAINESVILLE, FL 32608

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: GARY KINSEY

CEO

04/11/2012

Electronic Signature of Signing Officer or Director

Date