

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000790

FILED
Feb 23, 2012
Secretary of State

Entity Name: U.S.A. MEDICAL SERVICES CORPORATION

Current Principal Place of Business:

7001 SW 97TH AVE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7001 SW 97TH AVE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0573163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRELLI, ANTHONY DP
7001 SW 97TH AVE
MIAMI, FL 33173 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: D
Name: WARD, WILLIAM D
Address: BUPA HOUSE 15-19 BLOOMSBURY WAY
City-St-Zip: LONDON, XX WC1A 2BA UK

Title: DP
Name: CABRELLI, ANTHONY DP
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

Title: D
Name: RICARDO, GONZALEZ D
Address: 7001 S W 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

Title: D
Name: LOPEZ-PREUSSE, FRANCISCO D
Address: 7001 S W 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

Title: DCFO
Name: STAINES, PAUL DTSC
Address: 7001 S W 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

Title: COO
Name: LARRABURE, MARCELO COO
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 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: ANTHONY CABRELLI

DP

02/23/2012

Electronic Signature of Signing Officer or Director

Date