## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075246

Entity Name: DYNAMIC MEDICAL SERVICES, INC.

FILED Sep 14, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8303 BIRD RD. 1705 W 49 STREET SUITE 1048 MIAMI, FL 33155 US HIALEAH, FL 33012 US

Current Mailing Address: New Mailing Address:

FEI Number: 65-0445134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

 NOBBE, DENNIS
 NOBBE, DENNIS

 8303 BIRD RD
 1705 W. 49TH STREET #1048

 MIAMI, FL 33155
 US

 HIALEAH, FL 33012
 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: DENNIS C NOBBE 09/14/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: NOBBE, DENNIS

Address: 1705 W. 49TH STREET #1048

City-St-Zip: HIALEAH, FL 33012

Title: O

Name: GACKSTETTER, DAVID D Address: 1705 W. 49TH STREET #1048

City-St-Zip: HIALEAH, FL 33012

Title: O

Name: MEUNIER, EDWARD M Address: 1705 W. 49TH STREET #1048

City-St-Zip: HIALEAH, FL 33012

Title: C

Name: CATALAN, CARLA

Address: 1705 W. 49TH STREET #1048

City-St-Zip: HIALEAH, FL 33012

Title: O

Name: QIAN, TIE

Address: 1705 W. 49TH STREET #1048

City-St-Zip: HIALEAH, FL 33012

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: DENNIS C NOBBE P 09/14/2012