

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000008531

1. Entity Name  
CAMBO MEDICAL SERVICES, INC.



Principal Place of Business  
2231 NORTH BLVD WEST  
DAVENPORT, FL 33837

Mailing Address  
2231 NORTH BLVD WEST  
DAVENPORT, FL 33837



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3338112

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMBO, JORGE L  
1143 RAIN TREE PLACE  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME CAMBO, JORGE L  
STREET ADDRESS 1143 RAIN TREE PLACE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VP  
NAME MCHALE, MICHAEL S  
STREET ADDRESS 6205 GREATWATER DR  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE VPS  
NAME LINDSEY, JACQUELINE  
STREET ADDRESS 13476 SUNSET LAKE CIR  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE VPT  
NAME BOYER, MICHAEL A  
STREET ADDRESS 422 E. GORE STREET  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000602745  
01/26/07-80103-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07