

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000008531

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** CAMBO MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

2231 NORTH BLVD WEST  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD  
306  
DAVENPORT, FL 33896

**New Mailing Address:**

**FEI Number:** 59-3338112      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMBO, JORGE L  
1143 RAINTREET PLACE  
WINTER PARK, FL 32789      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:** PT  
**Name:** CAMBO, JORGE L  
**Address:** 1143 RAINTREE PLACE  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** VP  
**Name:** MCHALE, MICHAEL S  
**Address:** 6205 GREATWATER DR  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** VPS  
**Name:** LINDSEY, JACQUELINE  
**Address:** 13476 SUNSET LAKE CIR  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** VPT  
**Name:** BOYER, MICHAEL A  
**Address:** 422 E. GORE STREET  
**City-St-Zip:** ORLANDO, FL 32836

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:** JORGE CAMBO

PRES

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date