

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000007026

1. Entity Name  
NATIONAL MEDICAL SERVICES III, INC.



FILED

2008 FEB 27 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 Chg-P CR2E034 (12/06)

Principal Place of Business  
13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

Mailing Address  
13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
75-2746726

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME O'NEILL, PAUL  
STREET ADDRESS 13737 NOEL ROAD  
CITY-ST-ZIP DALLAS, TX 75240

TITLE SD ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE T ☐ Delete  
NAME SHERMAN, JEFFREY S  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE AS ☐ Delete  
NAME MACK, KRISTINA A  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Mitchell S Feldman  
STREET ADDRESS 500 W Cypress Rd Ste 700  
CITY-ST-ZIP Ft Lauderdale FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kristina A. Mack*

Kristina A. Mack,  
Assistant Secretary

1/14/08 - 469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #