

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V19943

FILED
Apr 13, 2002 8:00 AM
Secretary of State

Entity Name: NCG MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

116 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

116 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3113691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, ANTONIO
116 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARIAS, ANTONIO
Address: 116 MARCIA DRIVE
City-St-Zip: ALTAMONTE SPRGS FL,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARIAS, ANTONIO
Address: 116 MARCIA DRIVE
City-St-Zip: ALTAMONTE SPRGS, FL 32714

Title: D () Change (X) Addition
Name: ARIAS, ANTONIO O
Address: 116 MARCIA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: ARIAS, FRANCISCO A
Address: 116 MARCIA DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTONIO ARIAS

PRES

04/13/2002

Electronic Signature of Signing Officer or Director

_____ Date