

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19943

Entity Name: NCG MEDICAL SYSTEMS, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

140 N. WESTMONTE DR. STE. 100
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

140 N. WESTMONTE DR.
STE. 100
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
140 N. WESTMONTE DR.
STE. 100
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ARIAS, ANTONIO
140 N. WESTMONTE DR.
STE. 100
ALTAMONTE SPRINGS, FL 32714 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: ANTONIO ARIAS

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARIAS, ANTONIO
Address: 140 N. WESTMONTE DR. STE. 100
City-St-Zip: ALTAMONTE SPRGS, FL 32714

Title: D () Delete
Name: ARIAS, ANTONIO O
Address: 140 N. WESTMONTE DR. STE. 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: ARIAS, FRANCISCO A
Address: 140 N. WESTMONTE DR. STE. 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ARIAS, CARLOS
Address: 140 N. WESTMONTE DR. STE. 100
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

04/14/2005

Electronic Signature of Signing Officer or Director

Date