

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19943

FILED
May 18, 2012
Secretary of State

Entity Name: NCG MEDICAL SYSTEMS, INC.

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
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
STE. 100
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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: ARIAS, CARLOS
Address: 140 N. WESTMONTE DR. STE. 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANTONIO ARIAS

PRES

05/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date