# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2011**
**Secretary of State**

DOCUMENT# V26152

**Entity Name:** CENTERPOINT MEDICAL SERVICES INC.

**Current Principal Place of Business:**

4152 W. BLUE HERON BLVD.
SUITE 123
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

4152 W. BLUE HERON BLVD.
SUITE 123
RIVIERA BEACH, FL 33404

**New Mailing Address:**

13420 DOUBLETREE CIRCLE.
WELLINGTON, FL 334l4

**FEI Number: 65-0297647** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WALKER, ALFRED A
4152 W. BLUE HERON BLVD.
SUITE 123
RIVIERA BEACH, FL 33404 US

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

WALKER, ALFRED A
13420 DOUBLETREE CIRCLE
WELLINGTON, FL 33414 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: ALFRED A WALKER 04/28/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: WALKER, MONICA A
Address: 4152 W BLUE HERON BLVD, SUITE 123
City-St-Zip: RIVIERA BEACH, FL 33404

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: MONICA A WALKER MGR 04/28/2011
Electronic Signature of Signing Officer or Director Date