

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26152

FILED
Apr 30, 2012
Secretary of State

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:

13420 DOUBLETREE CIRCLE.
WELLINGTON, FL 33414

New Mailing Address:

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
13420 DOUBLETREE CIRCLE
WELLINGTON, FL 33414 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: 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.S. WALKER

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date