

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000009429

**Entity Name:** FL-I MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

6200 S SYRACUSE WAY, SUITE 200  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

6200 S SYRACUSE WAY, SUITE 200  
GREENWOOD VILLAGE, CO 80111

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name WILSON, CRAIG A  
Address 6200 S SYRACUSE WAY, SUITE 200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

*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:** CRAIG A WILSON

SECRETARY

04/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date