

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19943

Entity Name: NCG MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3113691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARIAS, ANTONIO
140 N. WESTMONTE DR. STE. 100
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D
Name ARIAS, CARLOS
Address 140 N. WESTMONTE DR. STE. 100
City-State-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

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date