

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V19943

**Entity Name:** NCG MEDICAL SYSTEMS, INC.

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC9379709259**

**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

**DIR**

**04/22/2016**

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

\_\_\_\_\_  
Date