2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58488

Entity Name: SOUTHGATE MEDICAL CENTER, INC.

FILED Apr 27, 2011 Secretary of State

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|--|----------------------------------|---|--------------------------------------|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| C/O ZAHID HUSIAN QUI 2201 NE 52ND STREET LIGHTHOUSE POINT, FI | STE 206 | | |
| Current Mailing Address: | | New Mailing Address: | |
| C/O ZAHID HUSIAN QUI 2201 NE 52ND STREET LIGHTHOUSE POINT, FI | STE 206 | | |
| FEI Number: 59-2538740 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| QURESHI, ZAHID HUSIA 2201 NE 52ND STREET STE 206 LIGHTHOUSE POINT, FI | | | |
| The above named entity sin the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signature of Registered Ager | | ent | Date |
| | | | |

OFFICERS AND DIRECTORS:

Title: DF

Name: OURESHI, ZAHID HUSIAN
Address: 2201 NE 52ND STREET STE 206
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: ZAHID HUSIAN QURESHI M.D. 04/27/2011