## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000000360

Entity Name: AAA MEDICAL COMPLIANCE TESTING INC

FILED Apr 27, 2011 Secretary of State

| Current Principal Place of Business:                                     |                                | New Principal Place of Business:  |   |  |
|--|--------------------------------|-----------------------------------|---|--|
| 3850 LAKE WORTH ROAD   |                                |                                   |   |  |
| SUITE 2<br>LAKE WORTH, FL 33461  | US                             |                                   |   |  |
| Current Mailing Address:   |                                | New Mailing Address:              |   |  |
| 3850 LAKE WORTH ROAD   | )                              |                                   |   |  |
| SUITE 2<br>LAKE WORTH, FL 33461  | US                             |                                   |   |  |
| FEI Number: 20-2127785   | FEI Number Applied For ( )     | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )         |  |
| Name and Address of Cu   | rrent Registered Agent:        | Name and Address of               | Name and Address of New Registered Agent: |  |
| KALFIN, BARRY<br>3850 LAKE WORTH ROAL<br>SUITE 2<br>LAKE WORTH, FL 33461 |                                |                                   |   |  |
| The above named entity su in the State of Florida.                       | bmits this statement for the p | urpose of changing its registered | office or registered agent, or both,      |  |
| SIGNATURE:   |                                |                                   |   |  |
| Electronic   | Signature of Registered Age    | ent                               | Date                                      |  |
|  |                                |                                   |   |  |
|  |                                |                                   |   |  |

## **OFFICERS AND DIRECTORS:**

Title:

Name: KALFIN, CATHERINE M Address: 1845 KUDZA RD

City-St-Zip: WEST PALM BEACH, FL 33415 US

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: CATHERINE KALFIN P 04/27/2011