2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119817

Entity Name: SAFE MEDICAL MOBILITY CORP.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: 14345 SW 120 STREET UNIT 101 MIAMI, FL 331866447 Current Mailing Address: 14345 SW 120 STREET UNIT 101 MIAMI, FL 331866447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELTRAN, OFELIA 14345 SW 120 STREET UNIT 101 MIAMI, FL 331866447 US The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Date Date Electronic Signature of Registered Agent Date Date Date City-St-Zip: MIAMI, FL 331866447 City-St-Zip: MIAMI, FL 33186447 City-St-Zip: MI	•					
UNIT 101 MIAMI, FL 331866447 Current Mailing Address: 14345 SW 120 STREET UNIT 101 MIAMI, FL 331866447 FEI Number: 20-5860015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered () Address of New Registered () Address of New Registered () Name and Address of New Registered () Address of New Registered () Certificate of Status Desired () Address of New Registered () Address of New Registered () Certificate of Status Desired () Address of New Registered () Address of New Registered () Certificate of Status Desired () Address of New Registered () Certificate of Status Desired () Address of New Registered () Certificate of Status Desired () Address of New Registered () Certificate of Status Desired () Address of New Registered () Certi	Current P	rincipal Place	of Business:	New Principal Place	of Business:	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OFELIA BELTRAN PD 04/24/2009