

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119817

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SAFE MEDICAL MOBILITY CORP.

## Current Principal Place of Business:

14345 SW 120 STREET  
UNIT 101  
MIAMI, FL 331866447

## New Principal Place of Business:

## Current Mailing Address:

14345 SW 120 STREET  
UNIT 101  
MIAMI, FL 331866447

## New Mailing Address:

FEI Number: 20-5860015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELTRAN, OFELIA  
14345 SW 120 STREET  
UNIT 101  
MIAMI, FL 331866447 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVSD ( ) Delete  
Name: BELTRAN, OFELIA  
Address: 14345 SW 120 STREET UNIT 101  
City-St-Zip: MIAMI, FL 331866447

Title: TD ( ) Delete  
Name: MURCIA, RODOLFO  
Address: 14345 SW 120 STREET UNIT 101  
City-St-Zip: MIAMI, FL 331866447

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date