

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119817

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** SAFE MEDICAL MOBILITY CORP.

**Current Principal Place of Business:**

14345 SW 120 STREET  
UNIT 101  
MIAMI, FL 331867055

**New Principal Place of Business:**

**Current Mailing Address:**

14345 SW 120 STREET  
UNIT 101  
MIAMI, FL 331867055

**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 331867055 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

**OFFICERS AND DIRECTORS:**

**Title:** PVSD  
**Name:** BELTRAN, OFELIA  
**Address:** 14345 SW 120 STREET UNIT 101  
**City-St-Zip:** MIAMI, FL 331867055

**Title:** TD  
**Name:** MURCIA, RODOLFO  
**Address:** 14345 SW 120 STREET UNIT 101  
**City-St-Zip:** MIAMI, FL 331867055

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: OFELIA BELTRAN

PVSD

04/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date