# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2009**
**Secretary of State**

DOCUMENT# P08000038221

**Entity Name:** SOUTH FLORIDA MEDICAL ENTERPRISE, INC.

**Current Principal Place of Business:**

406 U.S. HWY 1
SUITE 2
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9101
WEST PALM BEACH, FL 33419

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNARD, MACKENSON
2605 W. ATLANTIC AVENUE
UNIT D-202
DELRAY BEACH, FL 33445 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: DPTS ( ) Delete
Name: THOMAS-HUNTER, NICOLE
Address: P.O. BOX 9101
City-St-Zip: WEST PALM BEACH, FL 33419

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NICOLE THOMAS-HUNTER D 04/24/2009
Electronic Signature of Signing Officer or Director — Date