

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038221

FILED
Mar 27, 2011
Secretary of State

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: 26-2411696

FEI Number Applied For ()

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

OFFICERS AND DIRECTORS:

Title: DPTS
Name: THOMAS-HUNTER, NICOLE
Address: P.O. BOX 9101
City-St-Zip: WEST PALM BEACH, FL 33419

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: NICOLE THOMAS-HUNTER

DPTS

03/27/2011

Electronic Signature of Signing Officer or Director

Date