

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005437

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** DADE MEDICAL GROUP INC.

**Current Principal Place of Business:**

782 NW 42 AVE STE 439  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

782 NW 42 AVE STE 439  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 30-0527842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VITAL, MARIA  
7171 CORAL WAY, STE 517  
MIAMI, FL 33155 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: PD  
Name: VITAL, MARIA C  
Address: 7171 CORAL WAY, STE 517  
City-St-Zip: MIAMI, FL 33155

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: MARIA VITAL

PD

01/11/2011

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

\_\_\_\_\_ Date