

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S61260

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** SOUTH MIAMI FAMILY MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

6290 SW 114 STREET  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STEVEN C. KLEIN CPA PA  
11776 W. SAMPLE RD #105  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0277758      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KLEIN, STEVEN C  
11776 W. SAMPLE ROAD  
SUITE 105  
CORAL SPRINGS, FL 33065 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: P  
Name: COWDEN, ARTHUR  
Address: 6290 S.W. 114 STREET  
City-St-Zip: PINECREST, FL 33156

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: ARTHUR COWDEN

P

03/19/2012

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

\_\_\_\_\_  
Date