

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107364

Entity Name: PROMISE HEALTHCARE OF FLORIDA IX, INC.

Current Principal Place of Business:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

Current Mailing Address:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

FEI Number: 20-3392972

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMSTRONG, DAVID JEV
999 YAMATO ROAD, THIRD FLOOR
BOCA RATON, FL 33431 US

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

Officer/Director Detail :

Title P/D
Name KOSLOW, HOWARD
Address 999 YAMATO ROAD, THIRD FLOOR
City-State-Zip: BOCA RATON FL 33431

Title TSD
Name LEDER, LAWERENCE
Address 999 YAMATO ROAD, THIRD FLOOR
City-State-Zip: BOCA RATON FL 33431

Title CEOD
Name BARONOFF, PETER
Address 999 YAMATO ROAD, THIRD FLOOR
City-State-Zip: BOCA RATON FL 33431

Title D
Name DAWSON, MARK
Address 999 YAMATO ROAD, THIRD FLOOR
City-State-Zip: BOCA RATON FL 33431

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: HOWARD KOSLOW

PD

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date