

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000107515

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC2161392324**

**Entity Name:** PROMISE HEALTHCARE OF FLORIDA VI, 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:** 20-4751161

**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 PD  
Name KOSLOW, HOWARD  
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 STD  
Name LEDER, LAWRENCE  
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