

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000026142

**Entity Name:** SOUTH FLORIDA MEDICAL ENT., INC.

**Current Principal Place of Business:**

406 US HWY 1  
SUITE 2  
LAKE PARK, FL 33403

**Current Mailing Address:**

PO BOX 9101  
WEST PALM BEACH, FL 33419

**FEI Number:** 47-1322012

**Certificate of Status Desired:** No

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

BERNARD AND AUGUSTE, P.A.  
100 EAST LINTON BLVD  
SUITE 157A  
DELRAY BEACH, FL 33483 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:** PARNEL D. AUGUSTE

03/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPTS  
Name THOMAS, NICOLE  
Address PO BOX 9101  
City-State-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

PRESIDENT

03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date