

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000026142

Entity Name: SOUTH FLORIDA MEDICAL ENT., INC.

Current Principal Place of Business:

100 EAST LINTON BOULEVARD
SUITE 157A
DELRAY BEACH, FL 33483

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

02/23/2016

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

02/23/2016

Electronic Signature of Signing Officer/Director Detail

Date