

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047262

Entity Name: SOUTHERN MEDICAL SERVICES GROUP, INC.

Current Principal Place of Business:

3342 NE 34TH STREET
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3342 NE 34TH STREET
FORT LAUDERDALE, FL 33308

FEI Number: 65-0673028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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 | PSTD | Title | PSTD |
| Name | GUPTA, SHOBHA M.D. | Name | SOUTHERN MEDICAL SERVICES |
| Address | 3342 NE 34TH STREET | Address | 3342 NE 34TH STREET |
| City-State-Zip: | FORT LAUDERDALE FL 33308 | City-State-Zip: | FORT LAUDERDALE FL 33308 |

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: SHOBHA GUPTA

PSTD

02/05/2018

Electronic Signature of Signing Officer/Director Detail

Date