

**2016 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: DR. SHOBHA GUPTA**

**PSTD**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date