2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2011
Secretary of State

DOCUMENT# 602787

Entity Name: B. AMIKAM, M.D., A. ZIGHELBOIM M.D., R.E. NIEMAN, JR., M.D., AND R.M. GOODMAN, M.D., P.A.

Current Principal Place of Business:

21110 BISCAYNE BLVD
STE 303
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

21110 BISCAYNE BLVD
STE 303
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 59-1322663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, CARLOS
2525 PONCE DE LEON BLVD.
5TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

O'CONNOR, JUDY CPA
660 NE 95TH STREET
SUTIE 7
MIAMI SHORES, FL 33138 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: JO 05/09/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MD
Name: NIEMAN, ROLAND
Address: 21110 BISCAYNE BLVD 303
City-St-Zip: AVENTURA, FL 33180

Title: MD
Name: GOODMAN, RICHARD
Address: 21110 BISCAYNE BLVD 303
City-St-Zip: AVENTURA, FL 33180

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: RG MD 05/09/2011
Electronic Signature of Signing Officer or Director Date