

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745269

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** CORAL REEF MEDICAL PARK, INC.

**Current Principal Place of Business:**

9299 S.W. 152ND STREET SUITE 104  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

9299 S.W. 152ND STREET SUITE 104  
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number:** 59-1902036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILHEISER, PETER  
13627 DEERING BAY DRIVE  
SUITE 703  
CORAL GABLES, FL 33158 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLHEISER, PETER DR  
Address: 9299 S.W. 152ND STREET 104  
City-St-Zip: MIAMI, FL 33157

Title: VP  
Name: STURGE, KARL DR  
Address: 9299 S.W. 152ND STREET  
City-St-Zip: MIAMI, FL 33157

Title: S  
Name: PAGAN, JUAN DR  
Address: 9299 S.W. 152ND STREET SUITE 201  
City-St-Zip: MIAMI, FL 33157

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER MILLHEISER

P

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date