

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003045

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** FLORIDA MEDICAL SPECIALISTS, INC.

**Current Principal Place of Business:**

1700 N.W. 66TH AVENUE  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2 EXECUTIVE DRIVE  
FORT LEE, NJ 07034

**New Mailing Address:**

3280 PEACHTREE ROAD  
SUITE 2625  
ATLANTA, GA 30305

**FEI Number:** 65-0149635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAMPBELL, WESLEY  
**Address:** 3280 PEACHTREE ROAD SUITE 2625  
**City-St-Zip:** ATLANTA, GA 30305

**Title:** VP  
**Name:** FERNANDEZ DE CASTRO, JOSE M  
**Address:** 3280 PEACHTREE ROAD SUITE 2625  
**City-St-Zip:** ATLANTA, GA 30305

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:** J. MIGUEL FERNANDEZ DE CASTRO

VP

04/20/2010

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

\_\_\_\_\_  
Date