

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001475

FILED
May 13, 2011
Secretary of State

Entity Name: MODERNIZING MEDICINE, INC.

Current Principal Place of Business:

3330 S. FEDERAL HIGHWAY
SUITE 217
DELRAY BEACH, FL 33435

New Principal Place of Business:

3330 S. FEDERAL HIGHWAY
SUITE 300
BOYNTON BEACH, FL 33435

Current Mailing Address:

3330 S. FEDERAL HIGHWAY
SUITE 217
DELRAY BEACH, FL 33435

New Mailing Address:

3330 S. FEDERAL HIGHWAY
SUITE 300
BOYNTON BEACH, FL 33435

FEI Number: 27-2070905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: CPSD
Name: CANE, DANIEL
Address: 3330 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DCMO
Name: SHERLING, MICHAEL M.D.
Address: 3330 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435

Title: CFO
Name: O'BYRNE, KAREN
Address: 3330 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435

Title: COO
Name: NAGRO, ROBERT
Address: 3330 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435

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: DANIEL CANE

CEO

05/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date