

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74435

FILED
Mar 03, 2010
Secretary of State

Entity Name: SOUTH MIAMI HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 59-2623930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 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: PD
Name: KEELEY, BRIAN E
Address: 6855 RED ROAD STE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: STD
Name: LAWSON, RALPH E
Address: 6855 RED RD STE 600
City-St-Zip: CORAL GABLES, FL 33143

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: RALPH E. LAWSON

STD

03/03/2010

Electronic Signature of Signing Officer or Director

Date