# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2011**
**Secretary of State**

DOCUMENT# H74435

**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:**

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 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: 03/03/2011
Electronic Signature of Registered Agent — Date

**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 03/03/2011
Electronic Signature of Signing Officer or Director — Date