


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90037 011 ***150.00

DOCUMENT # J84951 1. Entity Name SHALHUB MEDICAL INVESTMENTS, INC.	
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Principal Place of Business 7100 W 20TH AVE #414 HIALEAH, FL 33016 US	Mailing Address 3326 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US
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40067416

2. Principal Place of Business - No P.O. Box # 2800 Ponce De Leon Blvd.	3. Mailing Address 2800 Ponce De Leon Blvd.
Suite, Apt. #, etc. #140	Suite, Apt. #, etc. #140



City & State Coral Gables, Fl	City & State Coral Gables, Fl	4. FEI Number 59-2845347	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country Miami-Dade	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAHAN, MICHAEL J 3326 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHALHUB, DON 7100 W. 20TH AVE., #414 HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON S. SHALHUB 04/09/2008 (305) 446-2600

Date

Daytime Phone #