2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2011
Secretary of State

DOCUMENT# J88567

Entity Name: GULFMED CENTERS, INC.

Current Principal Place of Business:

1869 S TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1869 S TAMIAMI TRAIL
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-2838499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLZARI, IRAJ MD
437 WALLS WAY
OSPREY, FL 34229 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: P
Name: IRAJ, GOLZARI MD
Address: 437 WALLS WAY
City-St-Zip: OSPREY, FL 34229 US

Title: VP
Name: KARIMI, PARVANEH T
Address: 437 WALLS WAY
City-St-Zip: OSPREY, FL 34229 US

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: IRAJ GOLZARI P 06/21/2011

Electronic Signature of Signing Officer or Director Date