

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K33600

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** DIVERSIFIED MEDICAL SURGICAL SPECIALTIES, INC.

**Current Principal Place of Business:**

1633 SW 159TH AVENUE  
DAVIE, FL 33326

**New Principal Place of Business:**

4002 BLUE GRASS LANE  
DAVIE, FL 33330

**Current Mailing Address:**

1633 SW 159TH AVENUE  
DAVIE, FL 33326

**New Mailing Address:**

4002 BLUE GRASS LANE  
DAVIE, FL 33330

**FEI Number:** 59-2909850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NADEL, RONALD  
1633 SW 159TH AVENUE  
DAVIE, FL 33326 US

**Name and Address of New Registered Agent:**

NADEL, RONALD  
4002 BLUE GRASS LANE  
DAVIE, FL 33330 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/14/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NADEL, RONALD  
Address: 4002 BLUE GRASS LANE  
City-St-Zip: DAVIE, FL 33330

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: RONALD NADEL

D

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date