2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# K39285

Entity Name: CRANBROOK MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1091 PORT MALABAR BLVD
STE 1
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1091 PORT MALABAR BLVD
STE 1
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-2923939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASTRO, GERMAN
1091 PORT MALABAR BLVD
STE 1
PALM BAY, FL 32905 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: VPD
Name: GADODIA, KALPANA
Address: 2200 W. EAU GALLIE BLVD. SUITE 200
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: DESAI, SHASHIN
Address: 2200 W EAU GALLIE BLVD STE 200
City-St-Zip: MELBOURNE, FL 32935

Title: PD
Name: CASTRO, GERMAN
Address: 1420 COUNTRY CLUB DR.
City-St-Zip: PALM BAY, FL 32905

Title: STD
Name: CASTRO, NENITA
Address: 1420 COUNTRY CLUB DR.
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: GADODIA, GOPAL
Address: 2200 W. EAU GALLIE BLVD SUITE 200
City-St-Zip: MELBOURNE, FL 32935

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: GERMAN CASTRO MD PD 01/07/2010

Electronic Signature of Signing Officer or Director Date