2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# K60304

Entity Name: COORDINATED MEDICAL SPECIALISTS, INC.

Current Principal Place of Business:

2299 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2299 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-0107437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZISKIND & ARVIN, P.A.
3059 GRAND AVE.
SUITE 300
MIAMI, FL 33133 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: DP
Name: COHEN, AVRIEL
Address: 2299 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 330243611 US

Title: DS
Name: SEMER, L. CRAIG
Address: 223 E. HALLANDALE BCH. BLVD., STE A
City-St-Zip: HALLANDALE BEACH, FL 330095542

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: L. CRAIG SEMER DS 01/09/2011

Electronic Signature of Signing Officer or Director Date