

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60304

FILED  
Jan 13, 2012  
Secretary of State

**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 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:** L. CRAIG SEMER

DS

01/13/2012

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

\_\_\_\_\_  
Date