

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21194

Entity Name: ALEXANDER MEDICAL, INC.

FILED  
Apr 28, 2010  
Secretary of State

**Current Principal Place of Business:**

9055 N.W. 13TH COURT  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

9055 N.W. 13TH COURT  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-0165569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FROLOFF, ROCHELLE  
9055 N.W. 13TH COURT  
CORAL SPRINGS, FL 33071 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: D  
Name: FROLOFF, ROCHELLE  
Address: 9055 N.W. 13TH CT.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D  
Name: ALPERT, IDA  
Address: 9055 N.W. 13TH CT.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D  
Name: FROLOFF, ALEXANDER S  
Address: 9055 N.W. 13TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

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: ROCHELLE FROLOFF

PRES

04/28/2010

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

\_\_\_\_\_ Date