## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L42323

Entity Name: ORION MEDICAL ENTERPRISES, INC.

FILED Feb 03, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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19559 N.E. 10TH AVE.

NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

19559 N.E. 10TH AVE.

NORTH MIAMI BEACH, FL 33179

FEI Number: 65-0163221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BIRNBAUM, MARC 1041 IVES DAIRY RD STE 228 MIAMI, FL 33179 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 Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P.D

 Name:
 JACOB, ALLAN I.

 Address:
 536 W. 47TH STREET

 City-St-Zip:
 MIAMI BEACH, FL 33140

Title: \

Name: FERNANDEZ, ARTURO J. EVP Address: 2021 NW 178 TERRACE City-St-Zip: PEMBROKE PINES, FL 33029

Title: D

Name: JEGER, ALLISON
Address: 1340 NE 174TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: [

Name: JEGER, STEVEN
Address: 1340 NE 174TH STREET

City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: [

 Name:
 JACOB, DANNY

 Address:
 777 WINTHROP

 City-St-Zip:
 TEANECK, NJ 07666

Title:

 Name:
 BIBERFELD, RACHEL

 Address:
 343 BALA AVENUE

 City-St-Zip:
 BALACYNWYD, PA 19004

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: ARTURO FERNANDEZ EVP 02/03/2010