

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M37805

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** ABATE MEDICAL EMERGENCIES NOW, INC.

**Current Principal Place of Business:**

8300 W FLAGLER ST,  
SUITE 175  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8300 W FLAGLER ST  
SUITE 175  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 59-2718514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORA, ERICK  
12394 SW 82 AVE  
MIAMI, FL 33156 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: PST  
Name: LORA, FERNANDO MD  
Address: 8300 WEST FLAGLER STREET, SUITE 175  
City-St-Zip: MIAMI, FL 33144 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: FERNANDO LORA, MD

PST

04/16/2012

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

\_\_\_\_\_  
Date