2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# N09000001686

Entity Name: CENTER FOR PATIENT SAFETY AND DISEASE MANAGEMENT, INC.

Current Principal Place of Business:

119 NW 43RD STREET
BOCA RATON, FL 334314254

New Principal Place of Business:

6464 NW 5TH WAY
FT. LAUDERDALE, FL 33309

Current Mailing Address:

5131 POINTE EMERALD LN.
BOCA RATON, FL 334861147

New Mailing Address:

FEI Number: 26-4361114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHREIBER, CRAIG
5131 POINTE EMERALD LANE
BOCA RATON, FL 33486 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: PS
Name: SCHREIBER, CRAIG
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: V
Name: GARROD, EVAN
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: GARROD, KENNETH
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: WILLIAMS, TARA
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: SHENDALE, IAN
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG SCHREIBER PRES 04/28/2010

Electronic Signature of Signing Officer or Director — Date