

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001686

FILED  
Apr 25, 2011  
Secretary of State

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

**Current Principal Place of Business:**

6464 NW 5TH WAY  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**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:** D  
**Name:** SHENDALE, IAN  
**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:** VP  
**Name:** GARROD, EVAN  
**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

P

04/25/2011

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

\_\_\_\_\_  
Date