

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007109

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** MJM MEDICAL CHARITIES, INC.

**Current Principal Place of Business:**

7800 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

7800 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 27-3219441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPERDUTO, GUD D  
8963 STIRLING ROAD, SUITE 101  
COOPER CITY, FL 33328 US

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

SPERDUTO, GUY D  
8963 STIRLING ROAD, SUITE 101  
COOPER CITY, FL 33328 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:** MANUEL GONZALEZ

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DI CAPUA, JOSEPH  
**Address:** 1237 SW 14 STREET  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** S  
**Name:** GONZALEZ, MANUEL  
**Address:** 6101 SW 183 WAY  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33331

**Title:** T  
**Name:** DUDLEY, JEFFREY P  
**Address:** 6880 FALCONSGATE AVENUE  
**City-St-Zip:** DAVIE, FL 33331

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:** MANUEL GONZALEZ

MGRN

04/26/2012

Electronic Signature of Signing Officer or Director

Date