

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010633

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** CADUCEAN SOCIETY OF GREATER FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

321 NE 12TH AVENUE  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

321 NE 12TH AVENUE  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 45-4297556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FROST, MONIQUE C  
321 NE 12TH AVENUE  
FT. LAUDERDALE, FL 33301 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: P  
Name: GUZMAN, PABLO A M.D.  
Address: 3200 N. OCEAN BOULEVARD, APT 1503  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP  
Name: MATA, CRISTINA M.D.  
Address: 4210 NE 25TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: S/T  
Name: GELLMAN, JOEL M.D.  
Address: 6401 NORTH FEDERAL HIGHWAY  
City-St-Zip: FT. LAUDERDALE, FL 33308 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PABLO A GUZMAN

P

04/11/2012

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

\_\_\_\_\_  
Date