

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39054

FILED
Apr 29, 2009
Secretary of State

Entity Name: PALM MEDICAL GROUP, INC.

Current Principal Place of Business:

2900 GLADES CIRCLE
SUITE 500
WESTON, FL 33332 US

New Principal Place of Business:

7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126 US

Current Mailing Address:

2900 GLADES CIRCLE
SUITE 500
WESTON, FL 33327 US

New Mailing Address:

7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126 US

FEI Number: 65-0305028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORIYON, LUZ S
16749 N.W.13 COURT
PEMBROKE PINES, FL 33028 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: CP () Delete
Name: ROSENKRANTZ, CARL M M.D.
Address: 5352 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: MITJANS, AURELIO M.D.
Address: 2900 GLADES CIRCLE, SUITE 500
City-St-Zip: WESTON, FL 33327

Title: ST () Delete
Name: SCHNEIDER, ALAN A M.D.
Address: 5601 NORTH DIXIE HWY.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: GOLDSTEIN, MITCHELL E
Address: 9910 SANDLEFOOT BLVD., #1
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: KOTZEN, STEPHEN
Address: 16800 NW 2 AVE., #202
City-St-Zip: N. MIAMI BEACH, FL 33169

Title: D () Delete
Name: SILBERT, ALAN M
Address: 9526 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LACY LOAR

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date