

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39054

FILED
Apr 26, 2012
Secretary of State

Entity Name: PALM MEDICAL GROUP, INC.

Current Principal Place of Business:

9100 S DADELAND BLVD
STE 1500
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9100 S DADELAND BLVD
STE 1500
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 65-0305028 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

IGLESIAS, MANUEL E
9100 S DADELAND BLVD
STE 1500
MIAMI, FL 33156 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: CD
Name: ROSENKRANTZ, CARL
Address: 5352 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: SCHNEIDER, ALAN
Address: 5607 NORTH DIXIE HWY.
City-St-Zip: FT. LAUDERDALE, FL 33169

Title: D
Name: KOTZEN, STEPHEN
Address: 16800 NW 2 AVE., #202
City-St-Zip: N. MIAMI BEACH, FL 33159

Title: D
Name: SILBERT, ALAN M
Address: 952A NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D
Name: GOLDSTEIN, MITCHELLE
Address: 9910 SANDLEFOOT BLVD., #1
City-St-Zip: BOCA RATON, FL 33423

Title: S
Name: IGLESIAS, MANUEL E
Address: 9100 S DADELAND BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33156

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 IGLESIAS

S

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date