

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046233

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** SOUTH PALM MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

10151 ENTERPRISE BLVD  
SUITE 101  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

10151 ENTERPRISE BLVD  
SUITE 101  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 65-1005367      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

IJAC, DAVID MD  
10151 ENTERPRISE BLVD  
SUITE 101  
BOYNTON BEACH, FL 33437 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: IJAC, DAVID MD  
Address: 10151 ENTERPRISE BLVD  
City-St-Zip: BOYNTON BEACH, FL 33437 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID IJAC M.D.

P/D

02/21/2010

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

\_\_\_\_\_ Date