

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000064539

Entity Name: EXPERT BIOMED, INC.

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
210 AND 222  
MIAMI, FL 33181

## **New Principal Place of Business:**

1301 NE MIAMI GARDENS DR  
302  
MIAMI, FL 33179

## **Current Mailing Address:**

1301 NE MIAMI GARDENS DR.  
302  
MIAMI, FL 33179

## **New Mailing Address:**

1301 NE MIAMI GARDENS DR  
302  
MIAMI, FL 33179

FEI Number: 65-1021844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALEY, ELENA DR.  
1301 NE MIAMI GARDENS DRIVE  
#302  
NORTH MIAMI BEACH, FL 33179 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: PSTD  
Name: PALEY, ELENA PH.D.  
Address: 1301 NE MIAMI GARDENS DRIVE #302  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ELENA PALEY

DR.

02/15/2012

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

\_\_\_\_\_  
Date