

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072896

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** SOUTH BEACH INPATIENT D.O. CARE, INC.

**Current Principal Place of Business:**

3800 N. MIAMI AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARC H. AUERBACH  
201 S. BISCAYNE BLVD., SUITE 2000  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-1033808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AUERBACH, MARC H ESQ  
201 S. BISCAYNE BLVD  
SUITE 2000  
MIAMI, FL 33131 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:** DP  
**Name:** WAYNE, CHRISTOPHER G DO  
**Address:** 3800 N MIAMI AVE  
**City-St-Zip:** MIAMI, FL 33127

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: CHRISTOPHER WAYNE

PREC

01/13/2010

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

\_\_\_\_\_ Date