## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000103292

Entity Name: CENTER FOR MEDICINE INC.

**FILED** Aug 26, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6400 MANATEE AVE. WEST BRADENTON, FL 34209

**Current Mailing Address: New Mailing Address:** 

6400 MANATEE AVE. WEST BRADENTON, FL 34209

FEI Number: 65-1144413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHARMA, VISHAL SHARMA, VISHAL 5517 21ST AVENUE WEST 6400 MANATEE AVE W SUITE E/F SUITE A BRADENTON, FL 34209 US BRADENTON, FL 34209 US

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: 08/26/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

SHARMA, VISHAL SHARMA, VISHAL Name: Name: 4550 47TH STREET W, #1904 Address: 6400 MANATEE AVE W Address: City-St-Zip: BRADENTON, FL 34210 City-St-Zip: BRADENTON, FL 34209

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VISHAL SHARMA DR 08/26/2008