

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037570

FILED
Feb 24, 2012
Secretary of State

Entity Name: MEDICLAIM OF FLORIDA, INC.

Current Principal Place of Business:

16542 S.W. 67 TERRACE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

16542 S.W. 67 TERRACE
MIAMI, FL 33193

New Mailing Address:

FEI Number: 04-3640298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARABALLO, JUAN R
16542 S.W. 67 TERRACE
MIAMI, FL 33193 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: PD
Name: CARABALLO, JUAN R
Address: 16542 S.W. 67 TERRACE
City-St-Zip: MIAMI, FL 33193

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: JUAN R CARABALLO

PD

02/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date