## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000015073

Entity Name: FLORIDA MEDICAL EXAMINERS, INC.

FILED Jan 22, 2011 Secretary of State

| Current Principal Place of Business:  |                                  | New Principal Place of Business:   |                                      |
|---|----------------------------------|------------------------------------|--------------------------------------|
| 484 SUGAR RIDGE CT<br>LONGWOOD, FL 32779  | 2621                             |                                    |                                      |
| Current Mailing Address:  |                                  | New Mailing Address:               |                                      |
| 484 SUGAR RIDGE CT<br>LONGWOOD, FL 32779  | 2621                             |                                    |                                      |
| FEI Number: 22-3894094  | 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: |                                  |                                    | New Registered Agent:                |
| APPLETON, MICHAEL J<br>320 GROVE AVE<br>WINTER PARK, FL 3278                            | 39 US                            |                                    |                                      |
| The above named entity sin the State of Florida.  | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE:  |                                  |                                    |                                      |
| Electror  | ic Signature of Registered Age   | ent                                | Date                                 |

## **OFFICERS AND DIRECTORS:**

Title: DR

Name: HOPKINS, S. MARCUS MD Address: 484 SUGAR RRDGE CT. City-St-Zip: LONGWOOD, FL, FL 32779

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: S. MARCUS HOPKINS DR 01/22/2011