

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000015073

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL EXAMINERS, INC.

**Current Principal Place of Business:**

484 SUGAR RIDGE CT  
LONGWOOD, FL 327792621

**New Principal Place of Business:**

1649 MAJESTIC OAK DR  
APOPKA, FL 32712

**Current Mailing Address:**

484 SUGAR RIDGE CT  
LONGWOOD, FL 327792621

**New Mailing Address:**

1649 MAJESTIC OAK DR  
APOPKA, FL 32712

**FEI Number:** 22-3894094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APPLETON, MICHAEL J  
320 GROVE AVE  
WINTER PARK, FL 32789 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: DR.  
Name: HOPKINS, S. MARCUS MD  
Address: 1649 MAJESTIC OAK DR  
City-St-Zip: APOPKA, FL, FL 32712

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

01/17/2012

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

\_\_\_\_\_  
Date