2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P03000051338

Entity Name: A+ MEDICAL CENTER, INC.

Current Principal Place of Business:

4301 NORTH FEDERAL HIGHWAY
SUITE 4
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4301 NORTH FEDERAL HIGHWAY
SUITE 4
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 58-2668778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOMGARDEN, PAUL M
PINE ISLAND COMMONS #208
8551 WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

SCHICKLER, MERYL E
1146 SW 149 LANE
SUNRISE, FL 33326 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: MERYL SCHICKLER 04/13/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BELINE, RONALD M
Address: 1669 S.E. 7 STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

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: RONALD BELINE CEO 04/13/2011
Electronic Signature of Signing Officer or Director Date