

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114462

Entity Name: EMPOWER MED, INC.

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6601 SW 80TH STREET  
SUITE 101-108  
SOUTH MIAMI, FL 33143 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

6601 SW 80TH STREET  
SUITE 101-108  
SOUTH MIAMI, FL 33143 US

## **New Mailing Address:**

FEI Number: 05-0599026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUGSTEN, EDUARDO  
6601 SW 80TH STREET  
SUITE 101-108  
SOUTH MIAMI, FL 33143 US

## **Name and Address of New Registered Agent:**

AUGSTEN, EDUARDO  
12341 SW 113 AVENUE  
MIAMI, FL 33176 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: EDUARDO AUGSTEN

04/24/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: AUGSTEN, EDUARDO  
Address: 6601 SW 80 STREET, SUITE 101-108  
City-St-Zip: SOUTH MIAMI, FL 33143

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: EDUARDO AUGSTEN

PSTD

04/24/2011

Electronic Signature of Signing Officer or Director

Date