

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073911

FILED
Apr 27, 2011
Secretary of State

Entity Name: SOUTH FLORIDA HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

8600 NW 17TH ST
SUITE 160
DORAL, FL 33126

New Principal Place of Business:

Current Mailing Address:

8600 NW 17TH ST
SUITE 160
DORAL, FL 33126

New Mailing Address:

FEI Number: 20-1096332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUEVEDO, FELIX
8600 NW 17TH ST
SUITE 160
DORAL, FL 33126 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: P
Name: QUEVEDO, FELIX
Address: 8600 NW 17TH ST SUITE 160
City-St-Zip: DORAL, FL 33126

Title: VP
Name: QUEVEDO, MARGARITA
Address: 8600 NW 17TH ST SUITE 160
City-St-Zip: DORAL, FL 33126

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: FELIX QUEVEDO

P

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date