

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 008 ***150.00

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1. Entity Name
FLORIDA MEDICAL INVESTMENT, INC.



Principal Place of Business
**4875 NE 20TH TERR
FT LAUDERDALE, FL 33308**

Mailing Address
**4875 NE 20TH TERR
FT LAUDERDALE, FL 33308**

50014469



2. Principal Place of Business
2004 NE 49th St.

3. Mailing Address
2004 NE 49th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006 Chg-P CR2E034 (11/05)

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale FL

4. FEI Number
20-1128927

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARTOLOME, ELMO V
4875 NE 20TH TERR
FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name
Bartolome, Elmo V
Street Address (P.O. Box Number is Not Acceptable)
2004 NE 49th St
City
Ft Lauderdale **FL** Zip Code
33308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable.

Elmo Bartolome

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/06

**FILE NOW!!! FEE is \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BARTOLOME, ELMO V
5447 HELENE CIR
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BARTOLOME, DELILAH
4100 GALT OCEAN DR SUITE 910
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SAMRA, KAMEWIT
4875 NE 20TH TERRACE
FORT LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Bartolome, Elmo V.
2004 NE 49th St.
Ft Lauderdale FL 33308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Bartolome, Delilah
2004 NE 49th St.
Ft Lauderdale FL 33308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Samra, Kameljit
2004 NE 49th St
Ft Lauderdale FL 33308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elmo Bartolome

Date

4/11/06

Daytime Phone #