

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90223 018 ***150.00

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1. Entity Name

FLORIDA MEDICAL INVESTMENT, INC.



Principal Place of Business

2004 NE 49TH ST
FORT LAUDERDALE, FL 33308

Mailing Address

2004 NE 49TH ST
FORT LAUDERDALE, FL 33308



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1128927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BARTOLOME, ELMO V
2004 NE 49TH ST
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTOLOME, ELMO V
STREET ADDRESS	2004 NE 49TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	BARTOLOME, DELILAH
STREET ADDRESS	2004 NE 49TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	SAMRA KARDELJIT SAMRA, KAMELJIT
STREET ADDRESS	2004 NE 49TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, Director 4/25/08

Date

Daytime Phone #