

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075556

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** FLORIDA MEDICAL INVESTMENT, INC.

**Current Principal Place of Business:**

2004 NE 49TH ST  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

11570 WEST STATE ROAD 84  
DAVIE, FL 33325

**Current Mailing Address:**

2004 NE 49TH ST  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

11570 WEST STATE ROAD 84  
DAVIE, FL 33325

**FEI Number:** 20-1128927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SAMRA, KAMELJIT  
11570 WEST STATE ROAD 84  
DAVIE, FL 33325 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: KAMELJIT SAMRA

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARTOLOME, ELMO V  
Address: 2004 NE 49TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: BARTOLOME, DELILAH  
Address: 2004 NE 49TH ST  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D  
Name: SAMRA, KAMELJIT  
Address: 2004 NE 49TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: KAMELJIT SAMRA

D

04/27/2011

Electronic Signature of Signing Officer or Director

Date