

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087676

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: CHIROMED SOUTH FLORIDA P.A.

## Current Principal Place of Business:

440 E. SAMPLE RD., SUITE 105  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

440 E. SAMPLE RD., SUITE 105  
POMPANO BEACH, FL 33064 UN

## Current Mailing Address:

440 E. SAMPLE RD  
SUITE 105  
POMPANO BEACH, FL 33064

## New Mailing Address:

FEI Number: 86-1111528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCHTHAL, DAVID  
440 E. SAMPLE RD  
SUITE 105  
POMPANO BEACH, FL 33064 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: DR  
Name: BUCHTHAL, DAVID  
Address: 440 E. SAMPLE RD #105  
City-St-Zip: POMPANO BEACH, FL 33064 UN

Title: DR  
Name: BUCHTHAL, DAVID  
Address: 840 E. OAKLAND PK BLVD #117  
City-St-Zip: OAKLAND PARK, FL 33334

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: DAVID BUCHTHAL

DR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date