

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139159

**FILED**  
**Feb 04, 2012**  
**Secretary of State**

**Entity Name:** BLUE MEDICAL NETWORK INC

**Current Principal Place of Business:**

10250 S.W. 56 STREET  
SUITE #A202  
MIAMI, FL 33165

**New Principal Place of Business:**

10250 S.W. 56 STREET  
SUITE # B-201  
MIAMI, FL 33165

**Current Mailing Address:**

10250 S.W. 56 STREET  
SUITE #A202  
MIAMI, FL 33165

**New Mailing Address:**

10250 S.W. 56 STREET  
SUITE # B-201  
MIAMI, FL 33165

**FEI Number:** 20-1716608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LISETT, RAVENTOS  
10250 S.W. 56 STREET  
SUITE #A202  
MIAMI, FL 33165 US

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

LISETT, RAVENTOS  
10250 S.W. 56 STREET  
SUITE #B-201  
MIAMI, FL 33165 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/04/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAVENTOS, LISETT  
Address: 10250 S.W. 56 STREET, SUITE B-201  
City-St-Zip: MIAMI, FL 33165

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: LISETT RAVENTOS

P

02/04/2012

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

\_\_\_\_\_  
Date