

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047601

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** FIRST CHOICE MEDICAL MARKETING, INC.

**Current Principal Place of Business:**

1000 ISLAND BLVD., SUITE 1612  
AVENTURA, FL 33160

**New Principal Place of Business:**

3330 NE. 190TH. ST.  
2815  
AVENTURA, FL 33180

**Current Mailing Address:**

1000 ISLAND BLVD., SUITE 1612  
AVENTURA, FL 33160

**New Mailing Address:**

3330 NE. 190TH. ST.  
2815  
AVENTURA, FL 33180

**FEI Number:** 20-2594133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEDERICI, PAOLA  
1000 ISLAND BLVD., SUITE 1612  
AVENTURA, FL 33160 US

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

FEDERICI, PAOLA  
3330 NE. 190TH. ST.  
2815  
AVENTURA, FL 33180 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: PAOLA FEDERICI

02/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FEDERICI, PAOLA  
Address: 3330 NE. 190TH. ST. # 2815  
City-St-Zip: AVENTURA, FL 33180

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: PAOLA FEDERICI

PRES

02/10/2011

Electronic Signature of Signing Officer or Director

Date