2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# P05000049688

Entity Name: COMPASSIONATE MEDICAL CENTER, INC.

Current Principal Place of Business:

1485 37TH STREET
SUITE 102
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 401
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 20-2663922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COPPOLA, NICHOLAS A III
1485 37TH STREET
SUITE 102
VERO BEACH, FL 32960 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: PRES
Name: COPPOLA, NICHOLAS A III
Address: 1485 37TH STREET SUITE 102
City-St-Zip: VERO BEACH, FL 32960 US

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: NICHOLAS COPPOLA PRES 04/22/2011

Electronic Signature of Signing Officer or Director Date