

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075508

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL APPLICATION SPECIALIST OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

450 NORTH PARK ROAD  
SUITE 804  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

450 NORTH PARK ROAD  
SUITE 300  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

450 NORTH PARK ROAD  
SUITE 804  
HOLLYWOOD, FL 33021

**New Mailing Address:**

450 NORTH PARK ROAD  
SUITE 300  
HOLLYWOOD, FL 33021

**FEI Number:** 20-3529747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ENGELS, GABRIELA  
450 NORTH PARK ROAD  
SUITE 804  
HOLLYWOOD, FL 33021 US

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

ENGELS, GABRIELA  
450 NORTH PARK ROAD  
SUITE 300  
HOLLYWOOD, FL 33021 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: GE

04/30/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: ENGELS, GABRIELA  
Address: 450 NORTH PARK ROAD, SUITE 300  
City-St-Zip: HOLLYWOOD, FL 33021

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: GABRIELA ENGELS

PRES

04/30/2011

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

\_\_\_\_\_  
Date