

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091454

FILED
Jan 08, 2010
Secretary of State

Entity Name: 45TH STREET MEDICAL, INC.

Current Principal Place of Business:

1225 WEST 45TH ST.
SUITE 307
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1225 WEST 45TH ST.
SUITE 307
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 74-3148173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, NEIL
1225 WEST 45TH ST.
SUITE 307
WEST PALM BEACH, FL 33407 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CO-P
Name: KAUFMAN, NEIL
Address: 1225 WEST 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CO-P
Name: KAUFMAN, JACQUELINE
Address: 1225 WEST 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD
Name: KAUFMAN, NEIL
Address: 1225 WEST 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: KAUFMAN, JACQUELINE
Address: 1225 WEST 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

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: NEIL KAUFMAN

OWNE

01/08/2010

Electronic Signature of Signing Officer or Director

Date