2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: OSLER MEDICAL CENTER, CORP.

Current Principal Place of Business:

20901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND PARK, FL 33311

New Principal Place of Business:

2901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND PARK, FL 33311

Current Mailing Address:

20901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND PARK, FL 33311

New Mailing Address:

2901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND PARK, FL 33311

FEI Number: 20-4343128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHECHMAN, LAWRENCE E
20901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND PARK, FL 33311 US

Name and Address of New Registered Agent:

SCHECHMAN, LAWRENCE E
2901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND PARK, FL 33311 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: LAWRENCE SCHECHTMAN 04/30/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SCHECHMAN, LAWRENCE E
Address: 2901 W. OAKLAND PARK BLVD., STE B-20
City-St-Zip: OAKLAND PARK, FL 33311

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: LAWRENCE E SCHECHTMAN P 04/30/2011
Electronic Signature of Signing Officer or Director Date