

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033602

Entity Name: COURIERMED INC

FILED  
Feb 16, 2010  
Secretary of State

## Current Principal Place of Business:

16401 NW 2ND AVENUE  
SUITE 100  
NORTH MIAMI BEACH, FL 33169 US

## New Principal Place of Business:

## Current Mailing Address:

16401 NW 2ND AVENUE  
SUITE 100  
NORTH MIAMI BEACH, FL 33169 US

## New Mailing Address:

FEI Number: 72-1612999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALTMAN, SANFORD D MD  
16401 NW 2ND AVENUE  
SUITE 100  
NORTH MIAMI BEACH, FL 33169 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: P  
Name: ALTMAN, SANFORD D  
Address: 16401 NW 2ND AVE, SUITE 100  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: VP  
Name: RUSSELL, SIMON  
Address: 16401 NW 2ND AVE, SUITE 100  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: D  
Name: RODRIGUEZ, BONNIE  
Address: 16401 NW 2 AVENUE, SUITE 100  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: BONNIE RODRIGUEZ

D

02/16/2010

Electronic Signature of Signing Officer or Director

Date