

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000073579

Entity Name: APONTE'S MEDICAL INC.

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

330 SW 27 TH ST.  
702  
MIAMI, FL 33135

## **New Principal Place of Business:**

7000 SW 62ND AVENUE.  
300  
SOUTH MIAMI, FL 33143

## **Current Mailing Address:**

PO BOX 941598  
MIAMI, FL 33194

## **New Mailing Address:**

FEI Number: 20-4963890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

APONTE, RAIZA  
14231 SW 18TH ST.  
MIAMI, FL 33175 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: PD  
Name: APONTE, JOSE N  
Address: 14231 SW 18TH ST.  
City-St-Zip: MIAMI, FL 33175

Title: VP  
Name: RAIZA, APONTE E  
Address: 14231 SW 18TH ST.  
City-St-Zip: MIAMI, FL 33175

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: JOSE N APONTE

VPT

03/12/2012

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

\_\_\_\_\_  
Date