# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2011**
**Secretary of State**

DOCUMENT# P06000102687

**Entity Name:** MICHAEL R. ALEXANDER MEDICAL SERVICES INC.

**Current Principal Place of Business:**

220 SW 84 AVE.
#102
PLANTATION, FL 33324

**New Principal Place of Business:**

10199 CLEARY BLVD
SUITE 10
PLANTATION, FL 33324

**Current Mailing Address:**

220 SW 84 AVE.
#102
PLANTATION, FL 33324

**New Mailing Address:**

10199 CLEARY BLVD
SUITE 10
PLANTATION, FL 33324

**FEI Number: 20-5328882** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALEXANDER, MICHAEL R
220 SW 84 AVE.
#102
PLANTATION, FL 33324 US

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

ALEXANDER, MICHAEL R
10199 CLEARY BLVD
SUITE 10
PLANTATION, FL 33324 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: 04/15/2011

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: ALEXANDER, MICHAEL R
Address: 10199 CLEARY BLVD SUITE 10
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL R. ALEXANDER P 04/15/2011

Electronic Signature of Signing Officer or Director — Date