

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024767

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** SOUTH FLA MEDICAL CENTER INC.

**Current Principal Place of Business:**

2303 HOLLYWOOD BLVD  
5  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

2303 HOLLYWOOD BLVD  
4  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2303 HOLLYWOOD BLVD  
5  
HOLLYWOOD, FL 33020

**New Mailing Address:**

2303 HOLLYWOOD BLVD  
4  
HOLLYWOOD, FL 33020

**FEI Number:** 20-8512528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PELLERITO, ANTONINO  
2303 HOLLYWOOD BLVD  
1  
HOLLYWOOD, FL 33020 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: PELLERITO, ANTONINO  
Address: 2303 HOLLYWOOD BLVD #4  
City-St-Zip: HOLLYWOOD, FL 33020

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:** ANTONINO PELLERITO

P

04/30/2010

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

\_\_\_\_\_  
Date