

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000031501

FILED
Jul 28, 2009
Secretary of State**Entity Name:** PROMED PROPERTY MANAGEMENT, INC.**Current Principal Place of Business:**1660 NE MIAMI GARDENS DR., SUITE 8
NORTH MIAMI BEACH, FL 33179**New Principal Place of Business:**1660 NE MIAMI GARDENS DR.
SUITE 8
NORTH MIAMI BEACH, FL 33179 US**Current Mailing Address:**1660 NE MIAMI GARDENS DR.
SUITE 8
NORTH MIAMI BEACH, FL 33179**New Mailing Address:**1660 NE MIAMI GARDENS DR.
SUITE 8
NORTH MIAMI BEACH, FL 33179 US**FEI Number:** 20-8780085**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRO MED PROPERTIES, INC
1660 NE MIAMI GARDENS DR
SUITE 8
MIAMI, FL 33179 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: CD () Delete
Name: KATZMAN, CHAIM
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VCD () Delete
Name: SEGAL, DORI
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PS () Delete
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change () Addition
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VCFO () Change (X) Addition
Name: KANOV, SEAN
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AHARON SOFFER

P

07/28/2009

Electronic Signature of Signing Officer or Director

Date