

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031501

FILED  
Apr 16, 2010  
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 US

## New Principal Place of Business:

1696 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 US

## Current Mailing Address:

1660 NE MIAMI GARDENS DR.  
SUITE 8  
NORTH MIAMI BEACH, FL 33179 US

## New Mailing Address:

1696 NE MIAMI GARDENS DRIVE  
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:

PROMED PROPERTIES, INC  
1696 NE MIAMI GARDENS DRIVE  
MIAMI, FL 33179 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: AHARON SOFFER

04/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD  
Name: KATZMAN, CHAIM  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VCD  
Name: SEGAL, DORI  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PSD  
Name: SOFFER, AHARON  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VCFO  
Name: KANOV, SEAN  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: AHARON SOFFER

PSD

04/16/2010

Electronic Signature of Signing Officer or Director

Date