

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031509

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: PROMED ACQUISITION, INC.

## Current Principal Place of Business:

1660 NE MIAMI GARDENS DR.  
N. MIAMI BCH, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

1660 NE MIAMI GARDENS DR.  
N. MIAMI BCH, FL 33179

## New Mailing Address:

FEI Number: 20-8780016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROMED PROPERTIES, INC.  
1660 NW 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KATZMAN, CHAIM  
Address: 1660 NE MIAMI GARDENS DR.  
City-St-Zip: N. MIAMI BCH, FL 33179

Title: VD ( ) Delete  
Name: SEGAL, DORI  
Address: 1660 NE MIAMI GARDENS DR.  
City-St-Zip: N. MIAMI BCH, FL 33179

Title: EVS ( ) Delete  
Name: SOFFER, AHARON  
Address: 1660 NE MIAMI GARDENS DR.  
City-St-Zip: N. MIAMI BCH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: KATZMAN, CHAIM  
Address: 1660 NE MIAMI GARDENS DR.  
City-St-Zip: N. MIAMI BCH, FL 33179

Title: DT (X) Change ( ) Addition  
Name: SEGAL, DORI  
Address: 1660 NE MIAMI GARDENS DR.  
City-St-Zip: N. MIAMI BCH, FL 33179

Title: DPS (X) Change ( ) Addition  
Name: SOFFER, AHARON  
Address: 1660 NE MIAMI GARDENS DR.  
City-St-Zip: N. MIAMI BCH, FL 33179

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

DPS

02/19/2009

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

\_\_\_\_\_  
Date