

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000042776

Entity Name: MIAMI MEDICAL, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11010 SW 88TH STREET SUITE 104  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

11010 SW 88TH STREET SUITE 104  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 36-4606846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOUCAULD, FLORENCE  
10330 SW 98 ST  
MIAMI, FL 33176 US

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

FOUCAULD, FLORENCE  
11010 SW 88TH STREET SUITE 104  
MIAMI, FL 33176 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

05/01/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: FOUCAULD, FLORENCE  
Address: 11010 SW 88TH STREET SUITE 104  
City-St-Zip: MIAMI, FL 33176

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: FLORENCE FOUCAULD

DR

05/01/2012

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

\_\_\_\_\_  
Date