

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076909

FILED
Jan 31, 2011
Secretary of State

Entity Name: MAXMYLES MEDICAL SERVICES, P.A.

Current Principal Place of Business:

2194 HWY A1A - # 106
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

2194 HWY A1A # 106
INDIAN HARBOR BEACH, FL 32937

Current Mailing Address:

2194 HWY A1A - # 106
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

2194 HWY A1A # 106
INDIAN HARBOR BEACH, FL 32937

FEI Number: 26-0482187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMBERG, BJORN M.D.
2194 HWY A1A - # 106
INDIAN HARBOR BEACH, FL 32937 US

Name and Address of New Registered Agent:

DIMBERG, BJORN M.D.
2194 HWY A1A # 106
INDIAN HARBOR BEACH, FL 32937 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

01/31/2011

Date

OFFICERS AND DIRECTORS:

Title: PS
Name: DIMBERG, BJORN M.D.
Address: 2194 HWY A1A - # 106
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

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: BJORN DIMBERG

MD

01/31/2011

Electronic Signature of Signing Officer or Director

Date