

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000080604

Entity Name: RADMED ASSOCIATES INC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

600 S. ANDREWS AVENUE SUITE 406  
FT. LAUDERDALE, FL 33301

## **New Principal Place of Business:**

811 SE 8TH AVENUE  
102  
DEERFIELD BEACH, FL 33441

## **Current Mailing Address:**

600 S. ANDREWS AVENUE SUITE 406  
FT. LAUDERDALE, FL 33301

## **New Mailing Address:**

811 SE 8TH AVENUE  
102  
DEERFIELD BEACH, FL 33441

FEI Number: 26-0538462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAUSS, LEA P ESQ.  
600 SOUTH ANDREWS AVE SUITE 406  
FT. LAUDERDALE, FL 33301 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: P  
Name: RHOADES, LAURA  
Address: 811 SE 8TH AVENUE SUITE 102  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: LAURA RHOADES

P

04/18/2011

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

\_\_\_\_\_  
Date