

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098907

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** CADUCEUS HEALTHCARE CAPITAL TRUST INC.

**Current Principal Place of Business:**

8201 PETERS RD  
1000-56  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8201 PETERS RD  
1000-56  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 80-0449670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, CARROLE MD-PHD  
8201 PETERS RD  
1000-56  
PLANTATION, FL 33324 US

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

MASON, CARROLE TRES  
8201 PETERS RD  
1000-56  
PLANTATION, FL 33324 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: CARROLE MASON

02/03/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOLIM, SAMUEL  
Address: 8201 PETERS RD  
City-St-Zip: PLANTATION, FL 33324

Title: TRES  
Name: MASON, CARROLE  
Address: 8201 PETERS RD  
City-St-Zip: PLANTATION, FL 33324

Title: SEC  
Name: MASON, CHRISTOPHER  
Address: 8201 PETERS RD  
City-St-Zip: PLANTATION, FL 33324

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: CARROLE MASON

TRES

02/03/2010

Electronic Signature of Signing Officer or Director

Date