

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030392

Entity Name: LOCUMED, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

808 BRICKELL KEY DRIVE  
#2008  
MIAMI, FL 33131

## Current Mailing Address:

808 BRICKELL KEY DRIVE  
#2008  
MIAMI, FL 33131

## New Principal Place of Business:

7600 RED ROAD  
SUITE 212  
SOUTH MIAMI, FL 33143

## New Mailing Address:

7600 RED ROAD  
SUITE 212  
SOUTH MIAMI, FL 33143

FEI Number: 26-2314816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWAINE, ROBERT S  
425 S. COMMERCE AVE.  
SEBRING, FL 33870 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: D ( ) Delete  
Name: ROS CARRETERO, JUAN P  
Address: 808 BRICKELL KEY DRIVE #2008  
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete  
Name: RIVABEM, FERNANDO  
Address: 15020 OLD CUTLER RD.  
City-St-Zip: MIAMI, FL 33158

Title: S ( ) Delete  
Name: ANTOINE, MOGIN  
Address: 4997 SW 162 AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: HADDAD PEREZ, JUAN M  
Address: 1406 NW 179 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN ROS CARRETERO

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date