

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038221

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA MEDICAL ENTERPRISE, INC.

**Current Principal Place of Business:**

406 U.S. HWY 1  
SUITE 2  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9101  
WEST PALM BEACH, FL 33419

**New Mailing Address:**

**FEI Number:** 26-2411696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNARD, MACKENSON  
2605 W. ATLANTIC AVENUE  
UNIT D-202  
DELRAY BEACH, FL 33445 US

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

BERNARD, MACKENSON  
100 EAST LINTON BLVD  
SUITE 157A  
DELRAY BEACH, FL 33483 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: MACKENSON BERNARD

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: THOMAS-HUNTER, NICOLE  
Address: P.O. BOX 9101  
City-St-Zip: WEST PALM BEACH, FL 33419

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: NICOLE THOMAS-HUNTER

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04/28/2012

Electronic Signature of Signing Officer or Director

Date