

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039344

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** GULFSTREAM MEDICAL GROUP, INC.

**Current Principal Place of Business:**

800 E HALLANDALE BCH BLVD  
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

800 E HALLANDALE BCH BLVD  
SUITE 14  
HALLANDALE BCH, FL 33009

**Current Mailing Address:**

800 E HALLANDALE BCH BLVD  
HALLANDALE BCH, FL 33009

**New Mailing Address:**

800 E HALLANDALE BCH BLVD  
SUITE 14  
HALLANDALE BCH, FL 33009

**FEI Number:** 90-0364231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILINGS, INC.  
3732 NW 16TH STREET  
FT LAUDERDALE, FL 33311 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  
Name: JOSEPH, ELLEN  
Address: 800 E HALLANDALE BCH BLVD #14  
City-St-Zip: HALLANDALE BCH, FL 33009

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: ELLEN JJOSEPH

D

04/30/2010

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

\_\_\_\_\_  
Date