

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048781

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: RAINFOREST FAMILY MEDICAL CENTER, INC.

## Current Principal Place of Business:

4700 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

## New Principal Place of Business:

4959 NORTH STATE ROAD 7  
SUITE B  
TAMARAC,, FL 33319

## Current Mailing Address:

4700 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

## New Mailing Address:

4959 NORTH STATE ROAD 7  
SUITE B  
TAMARAC,, FL 33319

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALOWSKI, FRANK  
4700 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

## Name and Address of New Registered Agent:

COSTANZO, SHARON  
4959 NORTH STATE ROAD 7  
SUITE B  
TAMARAC, FL 33319 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: MS SHARON COSTANZO

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: FALOWSKI, FRANK  
Address: 4700 NORTH STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DVT ( ) Delete  
Name: COSTANZO, SHARON  
Address: 4700 NORTH STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: COSTANZO, SHARON  
Address: 4959 NORTH STATE ROAD 7 SUITE B  
City-St-Zip: TAMARAC, FL 33319

Title: DVT (X) Change ( ) Addition  
Name: COSTANZO, SHARON  
Address: 4959 NORTH STATE ROAD 7 SUITE B  
City-St-Zip: TAMARAC, FL 33319

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: MS. SHARON COSTANZO

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date