

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048781

FILED
Apr 27, 2010
Secretary of State

Entity Name: RAINFOREST FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COSTANZO, SHARON
4959 NORTH STATE ROAD 7
SUITE B
TAMARAC, FL 33319 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: DPS
Name: COSTANZO, SHARON
Address: 4959 NORTH STATE ROAD 7 SUITE B
City-St-Zip: TAMARAC, FL 33319

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

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: MS. SHARON COSTANZO

PRES

04/27/2010

Electronic Signature of Signing Officer or Director

Date