

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075603

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: RYDERN MEDICAL CONSULTANTS, INC.

## Current Principal Place of Business:

4770 BISCAYNE BLVD  
640  
MIAMI, FL 33137 US

## New Principal Place of Business:

4770 BISCAYNE BLVD  
1400  
MIAMI, FL 33137 US

## Current Mailing Address:

4770 BISCAYNE BLVD  
640  
MIAMI, FL 33137 US

## New Mailing Address:

4770 BISCAYNE BLVD  
1400  
MIAMI, FL 33137 US

FEI Number: 26-3280359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD  
640  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD  
1400  
MIAMI, FL 33137 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:

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete  
Name: GALBUT, DAVID  
Address: 4770 BISCAYNE BLVD ST 640  
City-St-Zip: MIAMI, FL 33137 US

Title: VP, T ( ) Delete  
Name: GALBUT, GITA  
Address: 4770 BISCAYNE BLVD STE 640  
City-St-Zip: MIAMI, FL 33137 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition  
Name: GALBUT, DAVID  
Address: 4770 BISCAYNE BLVD ST 1400  
City-St-Zip: MIAMI, FL 33137 US

Title: VP, T (X) Change ( ) Addition  
Name: GALBUT, GITA  
Address: 4770 BISCAYNE BLVD STE 1400  
City-St-Zip: MIAMI, FL 33137 US

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: DAVID GALBUT

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date