

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079191

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** CENTER FOR ADVANCED MEDICINE, INC.

**Current Principal Place of Business:**

4300 ALTON ROAD  
MIAMI, FL 33140 US

**New Principal Place of Business:**

12600 PEMBROKE ROAD  
208  
MIRAMAR, FL 33027 US

**Current Mailing Address:**

12600 PEMBROKE ROAD - SUITE 208  
MIRAMAR, FL 33027 US

**New Mailing Address:**

12600 PEMBROKE ROAD  
208  
MIRAMAR, FL 33027 US

**FEI Number:** 26-3249110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KESHVARI-RASTI, HAMID  
325 S BISCAYNE BLVD  
UNIT 2323  
MIAMI, FL 33131 US

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

KESHVARI-RASTI, HAMID  
12600 PEMBROKE ROAD  
MIRAMAR, FL 33027 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:** HAMID KESHVARI-RASTI

02/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KESHVARI-RASTI, HAMID  
**Address:** 12600 PEMBROKE ROAD  
**City-St-Zip:** MIRAMAR, FL 33027 US

**Title:** VP  
**Name:** CHEHAB, MOSBAH  
**Address:** 12600 PEMBROKE ROAD  
**City-St-Zip:** MIRAMAR, FL 33027

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:** HAMID KESHVARI-RASTI

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date