

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079191

FILED  
Apr 20, 2011  
Secretary of State

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

**Current Principal Place of Business:**

12600 PEMBROKE ROAD  
208  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

12600 PEMBROKE ROAD  
208  
MIRAMAR, FL 33027 US

**New Mailing Address:**

**FEI Number:** 26-3249110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**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: DR. RASTI

P

04/20/2011

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

\_\_\_\_\_  
Date