

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079191

**FILED**  
**Jan 08, 2012**  
**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:**

21110 BISCAYNE BLVD.  
303  
AVENTURA, FL 33180 US

**Current Mailing Address:**

12600 PEMBROKE ROAD  
208  
MIRAMAR, FL 33027 US

**New Mailing Address:**

P.O. BOX 347273  
MIAMI, FL 33234 US

**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:**

KESHVARI-RASTI, HAMID  
21110 BISCAYNE BLVD.  
SUITE:303  
AVENTURA, FL 33180 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

01/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KESHVARI-RASTI, HAMID  
**Address:** 21110 BISCAYNE BLVD. SUITE: 303  
**City-St-Zip:** AVENTURA, FL 33180 US

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

P

01/08/2012

Electronic Signature of Signing Officer or Director

Date