

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083741

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL HELP FAMILY PRACTICE, INC

**Current Principal Place of Business:**

2500 E COMMERCIAL BLVD, STE C  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

2151 E COMMERCIAL BLVD  
SUITE 204  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

2500 E COMMERCIAL BLVD, STE C  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

2151 E COMMERCIAL BLVD  
SUITE 204  
FT LAUDERDALE, FL 33308

**FEI Number:** 26-3339080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLOFF, JACK M D.O.  
4229 BOUGAINVILLA DR  
LAUDERDALE-BY-THE-SEA, FL 33308 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: PRES  
Name: GOLOFF, JACK M D.O.  
Address: 4229 BOUGAINVILLA DR  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

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: JACK M. GOLOFF, D.O.

PRES

01/31/2012

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

\_\_\_\_\_  
Date