

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005381

FILED  
Mar 13, 2010  
Secretary of State

**Entity Name:** RAINFOREST MEDICAL & EDUCATIONAL CENTER INC.

**Current Principal Place of Business:**

6175 NW 153RD ST., UNIT 205  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

6425 NW 171 ST  
MIAMI, FL 33015

**Current Mailing Address:**

6175 NW 153RD ST., UNIT 205  
MIAMI LAKES, FL 33014

**New Mailing Address:**

6425 NW 171 ST  
MIAMI, FL 33015

**FEI Number:** 94-3463599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAMMUR, ABRAHAM  
6425 NW 172 ST.  
MIAMI, FL 33015 US

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

NAMMUR, ABRAHAM  
6425 NW 171 ST.  
MIAMI, FL 33015 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: ABRAHAM NAMMUR

03/13/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NAMMUR, ABRAHAM  
Address: 6425 NW 171 ST.  
City-St-Zip: MIAMI, FL 33015

Title: VD  
Name: NAMMUR, SARAI  
Address: 6425 NW 171 ST.  
City-St-Zip: MIAMI, FL 33015

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: ABRAHAM NAMMUR

PD

03/13/2010

Electronic Signature of Signing Officer or Director

Date