

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000006693

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** POMPANO BEACH MEDICAL CORP.

**Current Principal Place of Business:**

553 E SAMPLE RD.  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

553 E SAMPLE RD.  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 26-4045368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDSON, STEVEN  
553 E SAMPLE RD  
POMPANO BEACH, FL 33064 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

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

**OFFICERS AND DIRECTORS:**

**Title:** O  
**Name:** EDSON, STEVEN A DR  
**Address:** 3927 NW 89TH AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** CO  
**Name:** BALBI, BRUNO  
**Address:** 553 E SAMPLE RD.  
**City-St-Zip:** POMPANO BEACH, FL 33064

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:** STEVEN EDSON

O

02/18/2010

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

\_\_\_\_\_  
Date