

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000011585

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** PATIENT FIRST MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1250 E. HALLANDALE BEACH BLVD  
SUITE 602-D  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

16991 NE 20TH AVE  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

1250 E. HALLANDALE BEACH BLVD  
SUITE 602-D  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

16991 NE 20TH AVE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 26-4234579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, RICHARD F  
1250 E. HALLANDALE BEACH BLVD  
SUITE 602-A  
HALLANDALE BEACH, FL 33009 US

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

GALINA, BRAIMAN  
1850 SOUTH OCEAN DRIVE  
SUITE 3606  
HALLANDALE BEACH, FL 33009 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:** GALINA BRAIMAN

01/30/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REPNIN, VLADIMIR  
**Address:** 16991 NE 20TH AVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 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:** VLADIMR REPNIN

PRES

01/30/2010

Electronic Signature of Signing Officer or Director

Date