

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000048728

FILED
Apr 28, 2011
Secretary of State

Entity Name: FAMILY XPRESS MEDICAL CENTER, INC.

Current Principal Place of Business:

3801 N UNIVERSITY DRIVE, SUITE 318
SUNRISE, FL 33351

New Principal Place of Business:

3801 N UNIVERSITY DRIVE, SUITE
506
SUNRISE, FL 33351

Current Mailing Address:

3801 N UNIVERSITY DRIVE, SUITE 318
SUNRISE, FL 33351

New Mailing Address:

3801 N UNIVERSITY DRIVE, SUITE
318
SUNRISE, FL 33351

FEI Number: 27-0308922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMMER, EDWIN L
3801 N UNIVERSITY DRIVE, SUITE 318
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

CRAMMER, EDWIN L
3801 N UNIVERSITY DRIVE, SUITE
318
SUNRISE, FL 33351 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: _____

Electronic Signature of Registered Agent

04/28/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: YOUNG, DAPHNE
Address: 8717 NW 35 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

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: DAPHNE YOUNG

Electronic Signature of Signing Officer or Director

D

04/28/2011

Date