

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000064621

FILED
Apr 19, 2011
Secretary of State

Entity Name: MEDICAL SPECIALTIES OF CALIFORNIA USA INC.

Current Principal Place of Business:

13762 W STATE ROAD 84
442
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13762 W STATE ROAD 84
442
DAVIE, FL 33325

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRONDA, FRANK
13762 W STATE ROAD 84
442
DAVIE, FL 33325 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: P
Name: FRONDA, FRANK
Address: 13762 W STATE ROAD 84 STE. 442
City-St-Zip: DAVIE, FL 33325

Title: VP
Name: FRONDA, FRANK
Address: 13762 W STATE ROAD 84 STE. 442
City-St-Zip: DAVIE, FL 33325

Title: SECT
Name: FRONDA, FRANK
Address: 13762 W STATE ROAD 84 STE. 442
City-St-Zip: DAVIE, FL 33325

Title: TRES
Name: FRONDA, FRANK
Address: 13762 W STATE ROAD 84 STE. 442
City-St-Zip: DAVIE, FL 33325

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: PAMELA FRONDA

P

04/19/2011

Electronic Signature of Signing Officer or Director

Date