

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091379

FILED
Jun 10, 2011
Secretary of State

Entity Name: SACRED HEART MEDICAL OFFICE P.A.

Current Principal Place of Business:

17901 NW 5 ST
205
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17901 NW 5 ST
205
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 27-1259479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VILLAMAN-BENCOSME, YVELICE
17901 NW 5 ST
205
PEMBROKE PINES, FL 33029 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: VILLAMAN - BENCOSME, YVELICE
Address: 17901 NW 5 ST SUITE 205
City-St-Zip: PEMBROKE PINES, FL 33029

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: YVELICE VILLAMAN BENCOSME

P

06/10/2011

Electronic Signature of Signing Officer or Director

_____ Date