

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000096798

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL TREATMENT MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1940 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

7811 CORAL WAY  
105  
MIAMI, FL 33155

**Current Mailing Address:**

1940 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

7811 CORAL WAY  
105  
MIAMI, FL 33155

**FEI Number:** 27-1394737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTELLANOS, MIRIAM I  
7811 CORAL WAY STE 10J  
MIAMI, FL 33155 US

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

CASTELLANOS, MIRIAM I  
7811 CORAL WAY STE 105  
MIAMI, FL 33155 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: MIRIAM CASTELLANOS

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASTELLANOS, MIRIAM I  
Address: 7811 CORAL WAY SUITE # 105  
City-St-Zip: MIAMI, FL 33155

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: MIRIAM CASTELLANOS

PRE

01/31/2011

Electronic Signature of Signing Officer or Director

Date