

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099891

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** PROXIMITY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1550 NORTH FEDERAL HIGHWAY  
SUITE 9  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

1550 NORTH FEDERAL HIGHWAY  
SUITE 9  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 27-1506328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLER, TENNESSEE B  
640 OAK STREET  
BOYNTON BEACH, FL FL 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: MILLER, TENNESSEE B  
Address: 640 OAK STREET  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP  
Name: NELSON, PHILIP  
Address: 95 LEHIGH AVE  
City-St-Zip: AVENEL, NJ 07001

Title: D  
Name: RICHARD, DANA  
Address: 2696 E. COMMUNITY DR.  
City-St-Zip: JUPITER, FL 33458

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: T.MILLER

P

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date