

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000002696

FILED
Jan 04, 2012
Secretary of State

Entity Name: U.S. MOBILE HEALTH EXAMS, INC.

Current Principal Place of Business:

9489 BEAUCLERC OAKS DR.
JACKSONVILLE, FL 32257

New Principal Place of Business:

2950 HALCYON LANE
SUITE 602
JACKSONVILLE, FL 32223

Current Mailing Address:

9489 BEAUCLERC OAKS DR.
JACKSONVILLE, FL 32257

New Mailing Address:

2950 HALCYON LANE
SUITE 602
JACKSONVILLE, FL 32223

FEI Number: 27-1628666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSAN, PAUL
9489 BEAUCLERC OAKS DR.
JACKSONVILLE, FL 32257 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: HASSAN, PAUL
Address: 9489 BEAUCLERC OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32257 US

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: PAUL HASSAN

P

01/04/2012

Electronic Signature of Signing Officer or Director

Date