

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017967

Entity Name: SCM MEDICAL, INC.

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

## **Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, SUTIE 711  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

20900 NE 30TH AVE  
SUITE 806  
AVENTURA, FL 33180

## **Current Mailing Address:**

201 ALHAMBRA CIRCLE, SUTIE 711  
CORAL GABLES, FL 33134

## **New Mailing Address:**

20900 NE 30TH AVE  
SUITE 806  
AVENTURA, FL 33180

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE, SUTIE 711  
CORAL GABLES, FL 33134 US

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

GBS CONSULTANTS, INC  
18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029 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: MARIA A DIAZ

05/01/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLASI, MAGIN  
Address: 20900 NE 30TH AVE  
City-St-Zip: AVENTURA, FL 33180

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: MAGIN BLASI

PD

05/01/2011

Electronic Signature of Signing Officer or Director

Date