

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031199

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** SCHOOL OF MEDICAL SCIENCES OF FLORIDA, INC.

**Current Principal Place of Business:**

7825 CAMINO REAL  
SUITE J-211  
MIAMI, FL 33143

**New Principal Place of Business:**

11914 SW 130 CT  
MIAMI, FL 33186

**Current Mailing Address:**

P.O. BOX 431873  
MIAMI, FL 332431873

**New Mailing Address:**

11914 SW 130 CT  
MIAMI, FL 33186

**FEI Number:** 27-2350810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, ALBERTO J  
7825 CAMINO REAL  
SUITE J-211  
MIAMI, FL 33143 US

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

RODRIGUEZ, ALBERTO J  
11914 SW 130 CT  
MIAMI, FL 33186 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: ALBERTO J RODRIGUEZ

03/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: RODRIGUEZ, ALBERTO J  
Address: 11914 SW 130 CT  
City-St-Zip: MIAMI, FL 33186

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: ALBERTO J RODRIGUEZ

P

03/30/2012

Electronic Signature of Signing Officer or Director

Date