

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000038846

FILED
Mar 17, 2011
Secretary of State

Entity Name: MARGATE LYMPHEDEMA CENTER, INC.

Current Principal Place of Business:

1605 N. STATE ROAD 7
SUITE C
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

1605 N. STATE ROAD 7
SUITE C
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 27-2530120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 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: AGAMI, BETH
Address: 1605 N. STATE ROAD 7, SUITE C
City-St-Zip: MARGATE, FL 33063 US

Title: S
Name: COLE, GOLDIE
Address: 1605 N. STATE ROAD 7, SUITE C
City-St-Zip: MARGATE, FL 33063 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: BETH AGAMI

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date