# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2012**
**Secretary of State**

DOCUMENT# P10000045635

**Entity Name:** DANBEK MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

12180 28 ST N
224
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

12180 28 ST N
224
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number: 27-3632183** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

POLLACK, DAVID H
540 BRICKELL KEY DR
C-1
MIAMI, FL 33131 US

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

ZORNOSA, CLAUDIA M.D.
12180 28 ST N
ST PETERSBURG, FL 33716 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: CLAUDIA ZORNOSA M.D. 04/20/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: ZORNOSA, CLAUDIA MD
Address: 12180 28 ST N
City-St-Zip: ST PETERSBURG, FL 33716 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: CLAUDIA ZORNOSA M.D. PD 04/20/2012
Electronic Signature of Signing Officer or Director Date