

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056871

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** VALMER MEDICAL OFFICE, CORP.

**Current Principal Place of Business:**

777 EAST 25 ST  
STE 419  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

777 EAST 25 ST  
STE 419  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** 27-3010563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ, MERCEDES  
830 WEST 40 DR  
HIALEAH, FL 33012 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:** VALDESPINO, RAFAEL H  
**Address:** 830 WEST 40 DR  
**City-St-Zip:** HIALEAH, FL 33012

**Title:** VP  
**Name:** GOMEZ, MERCEDES  
**Address:** 830 WEST 40 DR  
**City-St-Zip:** HIALEAH, FL 33012

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:** RAFAEL H VALDESPINO

P

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date