

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069681

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** SILAH & MORET MEDICAL GROUP, CORP.

**Current Principal Place of Business:**

15330 SW 106 TERR NO 923  
MIAMI, FL 33196

**New Principal Place of Business:**

15330 SW 106 TERR  
NO. 923  
MIAMI, FL 33196

**Current Mailing Address:**

15330 SW 106 TERR NO 923  
MIAMI, FL 33196

**New Mailing Address:**

15330 SW 106 TERR  
NO. 923  
MIAMI, FL 33196

**FEI Number:** 27-3323640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INCIARTE, LUISA  
9737 NW 41 ST NO 340  
EL DORAL, FL 33018 US

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

EL DORAL BUSINESS SOLUTIONS, CORP.  
9737 NW 41 ST NO 340  
EL DORAL, FL 33178 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: LI

01/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVTs  
Name: SILAH, FRANCK  
Address: 15330 SW 106 TERR NO 923  
City-St-Zip: MIAMI, FL 33196

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: FS

PVTs

01/18/2011

Electronic Signature of Signing Officer or Director

Date