

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073406

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: MY MEDICAL OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

2165 MARAVILLA LANE  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

2165 MARAVILLA LANE  
FORT MYERS, FL 33901

## New Mailing Address:

FEI Number: 27-3103421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OTTEN, NICOLE  
2165 MARAVILLA LANE  
FORT MYERS, FL 33901 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: OTTEN, NICOLE  
Address: 2165 MARAVILLA LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: OTTEN, JALEN  
Address: 2165 MARAVILLA LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: V  
Name: OTTEN, PHILO  
Address: 2165 MARAVILLA LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: OTTEN, JARYA  
Address: 2165 MARAVILLA LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: OTTEN, JANAY  
Address: 2165 MARAVILLA LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: OTTEN, JAHQUEZ  
Address: 2165 MARAVILLA LANE  
City-St-Zip: FORT MYERS, FL 33901

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: NICOLE OTTEN

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date