

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075637

Entity Name: FR MEDICAL MANAGEMENT, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

8181 NW 36TH STREET  
SUITE 21B  
DORAL, FL 33166 US

**New Principal Place of Business:**

10250 SW 56TH ST.  
SUITE B202  
MIAMI, FL 33165 US

**Current Mailing Address:**

8181 NW 36TH STREET  
SUITE 21B  
DORAL, FL 33166 US

**New Mailing Address:**

10250 SW 56TH ST.  
SUITE B202  
MIAMI, FL 33165 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

ESPINOSA, MANUEL R  
8181 NW 36TH STREET  
SUITE 21B  
DORAL, FL 33166 US

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

ESPINOSA, MANUEL R  
10250 SW 56TH ST  
SUITE B202  
MIAMI, FL 33165 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: \_\_\_\_\_ 04/21/2011  
Electronic Signature of Registered Agent                      Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ESPINOSA, MANUEL R  
Address: 10250 SW 56TH ST., STE. B202  
City-St-Zip: MIAMI, FL 33165 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: MANUEL ESPINOSA                      PD                      04/21/2011  
Electronic Signature of Signing Officer or Director                      Date