

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084695

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** WARM-HUNDLEY MEDICAL CONSULTANTS, II, INC.

**Current Principal Place of Business:**

961 NW 83RD DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

961 NW 83RD DRIVE  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

961 NW 83RD DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

961 NW 83RD DRIVE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 27-3755539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TELLER, STUART A ESQ.  
7320 GRIFFIN ROAD  
SUITE 216  
DAVIE, FL 33314 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: PTSD  
Name: HUNDLEY, FRANCES  
Address: 961 NW 83RD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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: FRANCES HUNDLEY

PRES

02/13/2012

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

\_\_\_\_\_  
Date