

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087326

Entity Name: AMICUS MEDICAL GROUP, INC

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

**Current Principal Place of Business:**

13030 DEVA ST  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

1203 N.W. 121 AVENUE  
PLANTATION, FL 33323

**Current Mailing Address:**

13030 DEVA ST  
CORAL GABLES, FL 33156

**New Mailing Address:**

1203 N.W. 121 AVENUE  
PLANTATION, FL 33323

FEI Number: 27-3974953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, DAVID R  
13030 DEVA ST  
CORAL GABLES, FL 33156 US

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

RODRIGUEZ, DAVID R  
1203 N.W. 121 AVENUE  
PLANTATION, FL 33323 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/13/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P&D  
Name: RODRIGUEZ, DAVID R  
Address: 1203 N.W. 121 AVENUE  
City-St-Zip: PLANTATION, FL 33323 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: DAVID R RODRIGUEZ

P&D

04/13/2012

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

\_\_\_\_\_  
Date