

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000090690

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SOFI MEDICAL CONSULTING, INC.

**Current Principal Place of Business:**

126 BULEN ST  
PERRY, FL 32347 US

**New Principal Place of Business:**

126 BULLEN LN  
PERRY, FL 32347 US

**Current Mailing Address:**

126 BULEN ST  
PERRY, FL 32347 US

**New Mailing Address:**

126 BULLEN LN  
PERRY, FL 32347 US

**FEI Number:** 27-3918502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOFI, ABDUL MD  
126 BULEN ST  
PERRY, FL 32347 US

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

SOFI, ABDUL MD  
126 BULLEN LN  
PERRY, FL 32347 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

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOFI, ABDUL MD  
Address: 126 BULLEN LN  
City-St-Zip: PERRY, FL 32347

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: ABDUL H SOFI, MD

PRES

04/29/2011

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

\_\_\_\_\_  
Date