## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000097798

Entity Name: CONCORDIA HEALTHCARE CORP.

FILED Apr 19, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10625 NORTH KENDALL DRIVE 7190 SW 87TH AVENUE MIAMI, FL 33176 US

SUITE 204

MIAMI, FL 33173

**Current Mailing Address: New Mailing Address:** 

10625 NORTH KENDALL DRIVE 7190 SW 87TH AVENUE MIAMI, FL 33176 US SUITE 204

MIAMI, FL 33173 US

FEI Number: 38-3825853 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

INFANTE, ZUMPANO, HUDSON & MILOCH, LLC 500 S. DIXIE HIGHWAY

SUITE 302

CORAL GABLES, FL 33146 US

IZHM SERVICES, INC 500 S. DIXIE HIGHWAY SUITE 302 CORAL GABLES, FL 33146 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: CARLOS A. ZUMPANO, ESQ. 04/19/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

SALADRIGAS, CARLOS A Name: 11000 SW 83 AVE. Address: City-St-Zip: MIAMI, FL 33156 US

Title:

Name: SALADRIGAS, ELISA M 11000 SW 83 AVE. Address: MIAMI, FL 33156 US City-St-Zip:

Title:

SALADRIGAS, CARLOS A JR. Name:

10003 SW 89 CT. Address: City-St-Zip: MIAMI, FL 33176 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: CARLOS A. SALADRIGAS D 04/19/2012