

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000024151

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL INVESTMENT AMERICA CORP

**Current Principal Place of Business:**

2061 NW 112 AVE  
138  
MIAMI, FL 33172

**New Principal Place of Business:**

1845 NW 112 AVE  
191  
MIAMI, FL 33172

**Current Mailing Address:**

2061 NW 112 AVE  
138  
MIAMI, FL 33172

**New Mailing Address:**

1845 NW 112 AVE SUITE 191  
191  
MIAMI, FL 33172

**FEI Number:** 27-5551099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICE OF ANTHONY ALVAREZ CORP  
14221 SW 120 ST  
109  
MIAMI, FL 33186 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: P  
Name: BRITO, EDWARD M  
Address: 1845 NW 112 AVE., SUITE #191  
City-St-Zip: MIAMI, FL 33172

Title: VP  
Name: BRUNO, ELEN A  
Address: 1845 NW 112 AVE SUITE 191  
City-St-Zip: MIAMI, FL 33172

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: EDUARD M BRITO

P

04/30/2012

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

\_\_\_\_\_  
Date