

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000031413

Entity Name: APPS MEDICAL, CORP

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1533 NW 80TG AVE #32D  
MARGATE, FL 33063

**New Principal Place of Business:**

6900 NW 33 TERRACE  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1533 NW 80TG AVE #32D  
MARGATE, FL 33063

**New Mailing Address:**

6900 NW 33 TERRACE  
FORT LAUDERDALE, FL 33309

FEI Number: 45-1534925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, JUAN C  
6900 NW 33 TERRACE  
FORT LAUDERDALE, FL 33309 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: GARCIA, JUAN C  
Address: 6900 NW 33 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP  
Name: GARCIA, NATHALY  
Address: 6900 NW 33 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: JUAN CARLOS GARCIA

P

05/01/2012

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

\_\_\_\_\_  
Date