

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000031749

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** BRAVO MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

7805 CORAL WAY  
103  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 441206  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORDOVA, ANGEL D  
782 NW 42ND AVENUE  
#340  
MIAMI, FL 33126 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:                      PRES  
Name:                      REGALADO, RICARDO L  
Address:                      PO BOX 441206  
City-St-Zip:                      MIAMI, FL 33144 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: RICARDO L. REGALADO

PRES

02/22/2012

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

\_\_\_\_\_ Date