

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000032760

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** STRATEGIC MEDICAL CONSULTANTS, INC.

**Current Principal Place of Business:**

733 NW 129 COURT  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

733 NW 129 COURT  
MIAMI, FL 33182

**New Mailing Address:**

PO BOX 941013  
MIAMI, FL 33194 US

**FEI Number:** 45-1464681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENITES, MARIA E  
733 NW 129 COURT  
MIAMI, FL 33182 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:** BENITES, MARIA E  
**Address:** 733 NW 129 COURT  
**City-St-Zip:** MIAMI, FL 33182

**Title:** VP  
**Name:** GARCIA, MARILYN  
**Address:** 14941 SW 153 STREET  
**City-St-Zip:** MIAMI, FL 33187

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:** MARIA E. BENITES

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04/03/2012

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

\_\_\_\_\_  
Date