

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000056171

Entity Name: HENELL MEDICAL CORP

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

**Current Principal Place of Business:**

14050 SW 84 ST  
201  
MIAMI, FL 33183

**New Principal Place of Business:**

80 SW 8 ST  
2000  
MIAMI, FL 33130

**Current Mailing Address:**

14050 SW 84 ST  
201  
MIAMI, FL 33183

**New Mailing Address:**

80 SW 8 ST  
2000  
MIAMI, FL 33130

FEI Number: 45-2552695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, JOHENELL G  
14050 SW 84 ST  
201  
MIAMI, FL 33183 US

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

ALVAREZ, JOHENELL G  
80 SW 8 ST  
2000  
MIAMI, FL 33130 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: JOHENELL G ALVAREZ

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: ALVAREZ, JOHENELL G  
Address: 80 SW 8 ST SUITE 2000  
City-St-Zip: MIAMI, FL 33130

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: JOHENELL G ALVAREZ

P/D

03/22/2012

Electronic Signature of Signing Officer or Director

Date