# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P92000012946

**Entity Name:** MEDICAL CENTER OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

9960 CENTRAL PARK BLVD N
SUITE 450
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9960 CENTRAL PARK BLVD N
SUITE 450
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number: 65-0380130** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KELLY, LORI B
9960 CENTRAL PARK BLVD N.
SUITE 450
BOCA RATON, FL 33428 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: CEOP
Name: KELLY, LORI B
Address: 9960 CENTRAL PARK BLVD N, SUITE 450
City-St-Zip: BOCA RATON, FL 33428

Title: S
Name: SIMM, MICHAEL A
Address: 9960 CENTRAL PARK BLVD N, SUITE 450
City-St-Zip: BOCA RATON, FL 33428

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: LORI B. KELLY CEOP 01/03/2012

Electronic Signature of Signing Officer or Director — Date