

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000017323

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** SAMUEL RAND MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

4480 SHERIDAN ST  
EMERALD HILLS MEDICAL SQUARE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4480 SHERIDAN ST  
EMERALD HILLS MEDICAL SQUARE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0400708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAND, SAMUEL  
4480 SHERIDAN ST  
EMERALD HILLS MEDICAL SQUARE  
HOLLYWOOD, FL 33021 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** MD  
**Name:** RAND, SAMUEL  
**Address:** 4480 SHERIDAN ST EMERALD HILLS MEDICAL SQ  
**City-St-Zip:** HOLLYWOOD, FL 33021

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:** SAMUEL RAND

M.D.

02/22/2010

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

\_\_\_\_\_  
Date