

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000028165

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY MEDICAL AND FORENSIC CONSULTANTS, INC.

**Current Principal Place of Business:**

10130 NORTHLAKE BLVD  
STE 214 # 300  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

10130 NORTHLAKE BLVD  
STE 214 # 300  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

**FEI Number:** 65-0412912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSE, STEFAN MD  
10130 NORTHLAKE BLVD  
STE 214 # 300  
WEST PALM BEACH, FL 33412 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: ROSE, STEFAN MD  
Address: 10130 NORTHLAKE BLVD STE 214 # 300  
City-St-Zip: WEST PALM BEACH, FL 33412

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: STEFAN ROSE

PRES

03/16/2011

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

\_\_\_\_\_  
Date