## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000041226

Entity Name: STAT MEDICAL CLINIC III, INC.

FILED Apr 26, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3020 NE 32ND AVE

SUITE 326

FT. LAUDERDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

3020 NE 32ND AVENUE SUITE #326 FT. LAUDERDALE, FL 33308 US

FEI Number: 65-0424509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STACHEWITSCH, ANDRE 3020 NE 32ND AVENUE SUITE #326 FT. LAUDERDALE, FL 33308 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: STACHEWITSCH, MONIQUE
Address: 3020 NE 32ND AVENUE SUITE #326
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP

Name: STACHEWITSCH, ANDRE

Address: 3020 NE 32ND AVENUE SUITE #326 City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: SEC

Name: STACHEWITSCH, MONA

Address: 3020 NE 32ND AVENUE SUITE #326 City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: DIR

Name: FRIEDEWALD, DON E JR.

Address: 3020 NE 32ND AVENUE SUITE #326 City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: TRES

Name: STACHEWITSCH, MARC

Address: 3020 NE 32ND AVENUE SUITE #326 City-St-Zip: FT. LAUDERDALE, FL 33308 US

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: DON E FRIEDEWALD JR DIR 04/26/2011