

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043752

1. Entity Name  
SOUTH FLORIDA MEDICAL RESEARCH CO.



Principal Place of Business  
21150 BISCAYNE BLVD., SUITE 300  
AVENTURA, FL 33180 US

Mailing Address  
21150 BISCAYNE BLVD., SUITE 300  
AVENTURA, FL 33180 US

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



08132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0427988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

AZ REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE., SUITE 1600  
MIAMI, FL 33133

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

U00000957816  
08/18/08-80004-004 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GITTELMAN, MARC M.D.  
STREET ADDRESS 21150 BISCAYNE BLVD., SUITE 300  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D  
NAME WINTON, LAWRENCE M.D.  
STREET ADDRESS 21150 BISCAYNE BLVD., SUITE 300  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08 305-992-6066  
Date Daytime Phone #