## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000068770

BALLON, DANIEL

7500 N.W. 1 COURT #209

PLANTATION, FL 33317

Name:

Address:

City-St-Zip:

Entity Name: ASMED HEALTH PARTNERSHIP, INC.

FILED Apr 16, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	OMMERCIAL I	BLVD			
350 FT. LAUD	ERDALE, FL 3	3009 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 8804 CORAL SPRINGS, FL 33075 US			350	3230 W. COMMERCIAL BLVD 350 FT. LAUDERDALE, FL 33009 US	
FEI Number	: 65-0456637	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	STREET ERDALE, FL 3				
	e named entity s e of Florida.	submits this statement for the i	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D/P ( ) BARKER, JOHN 3760 E.LAKES DAVIE, FL 333	ESTATES DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () HARNER, BRAI 8305 N.W. 38 C CORAL SPRING	CT CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () ENTIN, JEREM 2206 CHARLES WESTON, FL 3	STON	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	TRES ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JEREMY ENTIN SEC 04/16/2009