

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087247

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: WELLEBY MEDICAL ASSOCIATES, INC.

## Current Principal Place of Business:

10028-30 W OAKLAND PARK BLVD.  
SUNRISE, FL 33351

## New Principal Place of Business:

7200 W. COMMERCIAL BLVD.  
207  
LAUDERHILL, FL 33319

## Current Mailing Address:

10028-30 W OAKLAND PARK BLVD.  
SUNRISE, FL 33351

## New Mailing Address:

7200 W. COMMERCIAL BLVD.  
207  
LAUDERHILL, FL 33319

FEI Number: 65-0455431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMA, LIBERTAD  
10028-30 W OAKLAND PARK BLVD.  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

PALMA, LIBERTAD  
7200 W. COMMERCIAL BLVD.  
#207  
LAUDERHILL, FL 33319 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: LIBERTAD PALMA

04/21/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: PALMA, LIBERTAD  
Address: 7200 W. COMMERCIAL BLVD.  
City-St-Zip: LAUDERHILL, FL 33319

Title: V  
Name: LOMANTO, JOSEPHINE  
Address: 7200 W. COMMERCIAL BLVD.  
City-St-Zip: LAUDERHILL, FL 33319

Title: TSD  
Name: FRIAL, VICTOR  
Address: 7200 W. COMMERCIAL BLVD.  
City-St-Zip: LAUDERHILL, FL 33319

Title: S  
Name: FRIAL, VICTOR  
Address: 7200 W. COMMERCIAL BLVD.  
City-St-Zip: LAUDERHILL, FL 33319

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: VICTOR FRIAL

S

04/21/2011

Electronic Signature of Signing Officer or Director

Date