

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043920

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: S.H. MEDICAL CORPORATION

**Current Principal Place of Business:**

3061 NW 82 AVE  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

3061 NW 82 AVE  
MIAMI, FL 33122

**New Mailing Address:**

FEI Number: 65-0499670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALVADE, HECTOR  
7380 SW 123 TERRACE  
PINECREST, FL 33156 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: D  
Name: SALVADE, HECTOR L  
Address: 3061 NW 82ND. AVE  
City-St-Zip: MIAMI, FL 33122

Title: D  
Name: SALVADE, MARIA E  
Address: 3061 NW 82 AVE.  
City-St-Zip: MIAMI, FL 33122

Title: D  
Name: SALVADE, MARCELO H  
Address: 3061 NW 82 AVE  
City-St-Zip: MIAMI, FL 33122

Title: M  
Name: CORREA, IZABELLA M  
Address: 3061 NW 82 AVE  
City-St-Zip: MIAMI, FL 33122

Title: D  
Name: SALVADE, FERNANDO A  
Address: 3061 NW 82 AVE  
City-St-Zip: MIAMI, FL 33122

Title: M  
Name: TALAVERA, CESAR  
Address: 3061 NW 82 AVE  
City-St-Zip: MIAMI, FL 33122

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: IZABELLA CORREA

OM

01/04/2011

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

\_\_\_\_\_  
Date