2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P94000059858

Entity Name: STAT MEDICAL CLINIC IV, INC.

Current Principal Place of Business:

2985 N. OCEAN BLVD
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

2985 N. OCEAN BLVD
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0518789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STACHEWITSCH, ANDRE
2985 N. OCEAN BLVD
FT. LAUDERDALE, FL 33308 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: VP
Name: STACHEWITSCH, ANDRE
Address: .2985 N. OCEAN BLVD
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: SD
Name: STACHEWITSCH, MONA
Address: 2985 N. OCEAN BLVD
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: TD
Name: STACHEWITSCH, MONIQUE
Address: 2985 N. OCEAN BLVD
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VP
Name: FRIEDEWALD, DON E JR.
Address: 2985 N. OCEAN BLVD
City-St-Zip: FT. LAUDERDALE, FL 33308

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 VP 04/26/2011

Electronic Signature of Signing Officer or Director Date