

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070899

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** COMPUTERIZED MEDICAL SERVICES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1915 BRICKELL AVENUE  
C401  
MIAMI, FL 33129 US

**New Principal Place of Business:**

7376 NW 35 TER  
MIAMI, FL 33122 US

**Current Mailing Address:**

1915 BRICKELL AVENUE  
C401  
MIAMI, FL 33129 US

**New Mailing Address:**

7376 NW 35 TER  
MIAMI, FL 33122 US

**FEI Number:** 65-0522976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARRECHEA, KARLA M  
1915 BRICKELL AVENUE  
C401  
MIAMI, FL 33129 US

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

ARRECHEA, KARLA M  
7376 NW 35 TER  
MIAMI, FL 33122 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARRECHEA, KARLA M  
Address: 7376 NW 35 TER  
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: KARLA M. ARRECHEA

P/D

04/29/2011

Electronic Signature of Signing Officer or Director

Date