

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000047925

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** SUNBELT MEDICAL PUBLISHERS, INC.

**Current Principal Place of Business:**

6515 AQUEDUCT CT  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

6515 AQUEDUCT CT  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

6515 AQUEDUCT CT  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

6515 AQUEDUCT CT  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-3328418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBE COHEN, JANA  
MATTHEW M. COHEN  
6515 AQUEDUCT CT  
TALLAHASSEE, FL 32309 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:** P  
**Name:** COHEN, MATTHEW M  
**Address:** 6515 AQUEDUCT COURT  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** ST  
**Name:** COHEN, LESLIE A  
**Address:** 6515 AQUEDUCT COURT  
**City-St-Zip:** TALLAHASSEE, FL 32309

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:** MATTHEW M. COHEN

P

01/11/2011

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

\_\_\_\_\_  
Date