

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000089834

1. Entity Name
SOUTH FLORIDA MEDICAL CORP.



Principal Place of Business
6462 E ROGERS CIRLCE
BOCA RATON, FL 33487

Mailing Address
6462 E ROGERS CIRLCE
BOCA RATON, FL 33487

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0625774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIETZ, KAREN
6462 E ROGERS CIRCLE
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIETZ, STEVEN
STREET ADDRESS	6846 ROYAL ORCHAD CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	CEO
NAME	DIETZ, KAREN
STREET ADDRESS	6846 ROYAL ORCHAD CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/03/08-80010-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Dietz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/08

Date

561-443-3522

Daytime Phone #