

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000024637

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SONOCARE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

5980 SW 18 ST  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

5980 SW 18 ST  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 65-0651337      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RODRIGUEZ, ROXANA  
5980 SW 18 ST  
MIAMI, FL 33126 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: PD  
Name: RODRIGUEZ, ROXANA  
Address: 5980 SW 18 ST  
City-St-Zip: MIAMI, FL 33155

Title: SD  
Name: RODRIGUEZ, JUAN CARLOS  
Address: 8615 NW 8 STREET - APT 117  
City-St-Zip: MIAMI, FL 33126

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: ROXANA RODRIGUEZ

PS

04/12/2011

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

\_\_\_\_\_  
Date