

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000047262

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** SOUTHERN MEDICAL SERVICES GROUP, INC.

**Current Principal Place of Business:**

3342 NE 34TH STREET  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3342 NE 34TH STREET  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 65-0673028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD  
Name: GUPTA, SHOBHA M.D.  
Address: 3342 NE 34TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PSTD  
Name: SOUTHERN MEDICAL SERVICES  
Address: 3342 NE 34TH STREET  
City-St-Zip: FORT 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: DR. SHOBHA GUPTA

PSTD

01/19/2012

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

\_\_\_\_\_  
Date