2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P96000048474

Entity Name: DELRAY TRAUMA ASSOCIATES, P.A.

Current Principal Place of Business:

5352 LINTON BLVD
DELRAY BEACH, FL 33484

New Principal Place of Business:

5352 LINTON BLVD
DELRAY BEACH, FL 33484 US

Current Mailing Address:

PO BOX 480159
FT. LAUDERDALE, FL 333480159

New Mailing Address:

PO BOX 480159
FT. LAUDERDALE, FL 333480159 US

FEI Number: 65-0675980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FT. LAUDERDALE, FL 33316 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: PUENTE, IVAN M.D.
Address: 1304 SEMINOLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: IVAN PUENTE PSTD 01/06/2011

Electronic Signature of Signing Officer or Director — Date