2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045577

2601 POINT EAST DRIVE

AVENTURA, FL 33160

Address:

City-St-Zip:

Entity Name: SOUTH FLORIDA MEDICAL ASSOCIATES, P.A.

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3800 S. OCEAN DR., SUITE 230 HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 2601 POINT EAST DRIVE AVENTURA, FL 33160 FEI Number: 65-0749353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NACCARATO, EMANUEL 2601 POIN EAST DRIVE AVENTURA, FL 33160 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NACCARATO, EMANUEL Name: Name: 2601 POINT EAST DRIVE Address: Address: City-St-Zip: AVENTURA, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition NACCARATO, MARIA R Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA NACCARATO SEC 03/11/2008