

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-19-2006 90097 037 ***150.00

DOCUMENT # P97000086498					
1. Entity Name ACUTE CARE MEDICAL SERVICES OF SOUTH FLORIDA, INC.					
Principal Place of Business 7700 NORTH KENDALL DRIVE SUITE 405 MIAMI, FL 33156			Mailing Address 7700 NORTH KENDALL DRIVE SUITE 405 MIAMI, FL 33156		
2. Principal Place of Business 8660 W. FLAGLER ST Suite, Apt. #, etc. #200		3. Mailing Address 8660 W. FLAGLER ST Suite, Apt. #, etc. #200			
City & State MIAMI FL		City & State MIAMI		4. FEI Number 69-0797256	
Zip 33144		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEITMAN, LORN 7700 NORTH KENDALL DRIVE SUITE 405 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name <u>LORN LEITMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>8660 W. FLAGLER ST, #200</u> City <u>MIAMI</u> <u>FL</u> <u>33144</u>		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, FRANCISCO MD 2080 SW 59 AVE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Natamon 2401 Anderson Rd #21 Coral Gables, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>David Natamon</u> <u>4/14/06</u> <u>305 227 5176</u>					